DOCUMENT# P94000056210

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: BARBARA THOMPSON SCHOOL OF DANCE, INC.

Current Principal Place of Business:

8595 BEACH BLVD SUITE 310 JACKSONVILLE, FL 32216

Current Mailing Address:

8595 BEACH BLVD SUITE 310 JACKSONVILLE, FL 32216

FEI Number: 59-3261208

Name and Address of Current Registered Agent:

THOMPSON, BARBARA P 5532 FLORAL AVENUE JACKSONVILLE, FL 32211 US Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | PD | Title | SD |
|-----------------|-----------------------------|-----------------|-----------------------|
| Name | THOMPSON, BARBARA P | Name | THOMPSON, JOHN B |
| Address | 5532 FLORAL AVENUE | Address | 5532 FLORAL AVENUE |
| City-State-Zip: | JACKSONVILLE FL 32211 | City-State-Zip: | JACKSONVILLE FL 32211 |
| Title | V | | |
| Name | THOMPSON, AMANDA | | |
| Address | 1030 4TH STREET NORTH | | |
| Citv-State-Zip: | JACKSONVILLE BEACH FL 32250 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRES

SIGNATURE: BARBARA THOMPSON

Electronic Signature of Signing Officer/Director Detail

04/28/2013 Date

Date