


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90002 029 ***150.00

DOCUMENT # 285180
 1. Entity Name
FRED ASTAIRE DANCE STUDIOS, INC.



Principal Place of Business Mailing Address
 10 BLISS ROAD 10 BLISS ROAD
 LONGMEADOW MA 01106 LONGMEADOW MA 01106
 US US

2. Principal Place of Business 3. Mailing Address
10 BLISS RD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LONGMEADOW MA **M**
 Zip Country Zip Country
01106 **US**

4. FEI Number Applied For
59-1089523 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HWYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ROTHWEILER, JOHN R
STREET ADDRESS	10 BLISS ROAD
CITY-ST-ZIP	LONGMEADOW MA 01106
TITLE	S <input type="checkbox"/> Delete
NAME	ROTHWEILAR, CATHERINE E
STREET ADDRESS	10 BLISS ROAD
CITY-ST-ZIP	LONGMEADOW MA 01106
TITLE	T <input type="checkbox"/> Delete
NAME	ROTHWEILER, JOHN R
STREET ADDRESS	10 BLISS ROAD
CITY-ST-ZIP	LONGMEADOW MA 01106
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack Rothweiler **3/2/04** **(413)567-3200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #