


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762421**  
 1. Entity Name  
**MARION PERFORMING BALLET COMPANY**



Principal Place of Business 1713 SW 17TH ST. OCALA, FL 34474	Mailing Address 1713 SW 17TH ST. OCALA, FL 34474
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**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1923455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 BENSON, NICOLE M  
 1713 SW 17TH ST  
 OCALA, FL 34474

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, BETTY 3521 SW 42ND ST OCALA, FL 34447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, NICOLE M 1713 SW 17TH ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALIUS, CATHERINE 3963 SW 17TH LANE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIGGS, DIANA 3385 SW 17TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAZO, SALLY 645 SW 48TH ST RD OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000739067  
 05/14/07-80010-003 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:** *Betty Williams*  
*Betty Williams, TREASURER*  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/07* *352-237-2356*  
Date Daytime Phone #