2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90105 041 ***150.00

DOCUMENT # F62448

1. Entity Name
DANCE STUDIOS, INC.

Principal Place of Business
% MARY L BANTA
1425 MIDDLE RIVER DRIVE
FT LAUDERDALE, FL 33304

Mailing Address
P.O. BOX 24943
FORT LAUDERDALE, FL 33307

400000

04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2164368

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BANTA, MARY L.
1425 MIDDLE RIVER DRIVE
FT LAUDERDALE, FL 33304

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BANTA, MARY L
STREET ADDRESS	1425 MIDDLE RIVER DR
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VD
NAME	CROSBY, MICHELLE L.
STREET ADDRESS	3616 NE 23 AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SD
NAME	BANTA, BRADFORD C
STREET ADDRESS	1409 MIDDLE RIVER DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _____ 4-25-08 954-566-0759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #