

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

08-21-2003 90058 011 ****50.00

DOCUMENT # L02000032290					
1. Entity Name FESTIVAL OF DANCE, LLC					
Principal Place of Business 13816 GUILDHALL CIRCLE ORLANDO FL 32828 US			Mailing Address 13816 GUILDHALL CIRCLE ORLANDO FL 32828 US		
2. Principal Place of Business 1525 SOUTH ALAFAYA TRAIL			3. Mailing Address AS OPPOSITE		
Suite, Apt. #, etc. SUITE 106, 107, 108			Suite, Apt. #, etc.		
City & State ORLANDO, FL			City & State		
Zip 32828		Country ORANGE		4. FEI Number 11-366718	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JEPSON, WILLIAM P 13816 GUILDHALL CIRCLE ORLANDO FL 32828			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: _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003					
8. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEPSON, WILLIAM P 13816 GUILDHALL CIRCLE ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, BETHANY M 20117 MELVILLE STREET ORLANDO FL 32833	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2530 ALBION AVE ORLANDO FL 32833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>William P. Jepson</u>			SIGNATURE REQUIRED		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 8/5/03 Daytime Phone # 407-342-8357		

CR2E083 (4/03)