

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90017 036 *****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000029514

1. Entity Name
URBAN DANCE SPORTS OF AMERICA, LLC



Principal Place of Business
**9340 LAGOON PLACE, SUITE #406
FORT LAUDERDALE, FL 33324**

Mailing Address
**P.O. BOX 8751
FT. LAUDERDALE, FL 33310**

24056065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132004 Chg-LLC CR2E083 (10/03)

4. FEI Number

562387357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME JACKSON, KEITH
STREET ADDRESS 9340 LAGOON PLACE, SUITE #406
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME JAMES, SEBRINA
STREET ADDRESS 9340 LAGOON PLACE, SUITE #406
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME JAMES, SEBRINA
STREET ADDRESS 9340 LAGOON PLACE, SUITE #406
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/1/04