

SIGNATURÉ

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT #L05000123717 03-03-2008 90399 004 ***138.75 DANCE HEADS JAPAN, LLC Principal Place of Business Mailing Address 60011847 2201 CANTU COURT, SUITE 106 2201 CANTU COURT, SUITE 106 SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2201 Cantu Court 2201 Cantu Court Suite, Apt. #, etc Suite, Apt. #, etc. 02202008 CR2E083 (12/06) Suite 218 Suite 218 City & State Sarasota, FL City & State Sarasota, FL 4. FEI Number Applied For 20-4184090 Not Applicable Country USA 34232 \$5.00 Additional 34232 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STONE, KENDALL 2201 CANTU COURT, SUITE 106 Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34232 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 arm familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) DATE ' FILE NOW!!! FEE IS \$138.75 Make check payable to . . . After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change MGR ☐ Addition NÁME STONE, KENDALL NAME STONE, KENDALL STREET ADDRESS 2201 CANTU COURT, SUITE 106 2201 CANTU COURT, SUITE 218 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 SARASOTA, FL 34232 CITY-ST-ZIP MGR TITLE ☐ Delete TITI F ☐ Addition NAME SANDOR, JOSEPH SANDOR, JOSEPH NAME 2201 CANTU COURT, SUITE 218 STREET ADDRESS 2201 CANTU COURT, SUITE 106 STREET ADDRESS SARASOTA, FL 34232 SARASOTA, FL 34232 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. 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 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.

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mar 03, 2008 8:00 am