

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000698

1. Entity Name
DANCESPORT PRODUCTIONS, L.C.

Principal Place of Business
6123 NW 120 TERRACE
CORAL SPRINGS FL 33076

Mailing Address
P.O. BOX 13
BOCA RATON FL 33429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0553786

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLARY, COLIN C
6123 N.W. 120 TERRACE
CORAL SPRINGS FL 33076

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.

SIGNATURE

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

(NOT : Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

4000004221574--5
-05/17/01--01019--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BUNKER, LEONARD R ☒ Delete
STREET ADDRESS 2581 JUPITER PARK DR. STE E7
CITY-ST-ZIP FT LAUDERDALE FL 33458

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

TITLE NAME MGRM FEHER, MARIANNE ☒ Delete
STREET ADDRESS 1647 CYPRESS PT. DR.
CITY-ST-ZIP CORAL SPRINGS FL 33070

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

TITLE NAME MGRM HILLARY, COLIN ☐ Delete
STREET ADDRESS 6123 N.W. 120 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33076

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

TITLE NAME MGRM HILLARY, JOY ☐ Delete
STREET ADDRESS 6123 N.W. 120 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33076

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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)(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: JOY HILLARY

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

4/24/01 954-757-5101

Date

Daytime Phone #

APPROVED
AND
FILED

01 APR 27 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CP2E083 (11/00)