2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005173

Jun 02, 2002 8:00 AM Secretary of State

Entity Name: COLOURS CULTURAL PERFORMING ARTS ENSEMBLE AND COLOURS CULTURAL DANCE SCHOOL

Current Principal Place of Business: New Principal Place of Business:

1400 COLONIAL BLVD, UNIT 4 2241/43 FOWLER STREET FT MYERS, FL 33907 FT MYERS, FL 33901

New Mailing Address: Current Mailing Address:

1400 COLONIAL BLVD, UNIT 4 P.O. BOX 60883 FT MYERS, FL 33907 FT MYERS, FL 33906

FEI Number: 65-1091166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILL-HENTON, SHARON I HILL-HENTON, SHARON I 1400 COLONIÁL BLVD, UNIT 4 2241/43 FOWLER STREET FT MYERS, FL 33907 FT MYERS, FL 33901

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: 06/02/2002

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HILL-HENTON, SHARON HILL-HENTON, SHARON Name: Name:

1706 14TH STREET E Address: 1706 14TH STREET E Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: LEHIGH ACRES, FL 33972

Title: () Delete Title: (X) Change () Addition JOHNSON-STEPHENS, CECILE JOHNSON-STEVENS, CECILE Name: Name: Address: 3717 SW 14TH PLACE Address: 3717 SW 14TH PLACE City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33914

Title: () Delete Title: () Change () Addition

MESSINA, GALYN Name: Name: 5336 ANN ARBOR DRIVE Address: Address: City-St-Zip: BOKEELIA, FL 33922 City-St-Zip:

() Delete Title: Title: T/D (X) Change () Addition

Name: KING, KEN Name: KING, KEN 106 ORTONA STREET Address: Address: 106 ORTONA STREET City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936

Title: () Delete Title: () Change () Addition

ROSARIO, LILLIAN Name: Name: 1412 CAYWOOD CIRCLE Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip:

Title: () Delete Title: () Change () Addition

LEMAR. AVENELLE Name: Name: Address: 4805 SORRENTO COURT #1 Address: CAPE CORAL, FL 33904 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HILL-HENTON ED 06/02/2002 JACQUIE WILLIAMS, DIRECTOR 217 SW 10TH TERRACE CAPE CORAL FLORIDA 33991

CRISTINE HARDING PACETTI 7131 PHILIPS CREEK FORT MYERS, FLORIDA 33908

CHRISTINE PEETE, ADMINISTRATIVE DIRECTOR 1810 SE 4TH STREET CAPE CORAL FLORIDA 33990