2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000637

FILED Feb 19, 2004 Secretary of State

Entity Name: UNIVERSAL DANCE ACADEMY PREMIERE BOOSTER CLUB, INC.

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

663 TAMIAMI TRAIL

PORT CHARLOTTE, FL 33953

Current Mailing Address: New Mailing Address:

663 TAMIAMI TRAIL

PORT CHARLOTTE, FL 33953

FEI Number: 07-1693077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OAKS, DAVID K ESQ. 407 E. MARION AVE., SUITE 101 PUNTA GORDA, FL 33950 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KENNEDY, PAULA
Address: 24623 NOVA LANE

City-St-Zip: PORT CHARLOTTE, FL 33980

Title: SD () Delete Name: SARKANY, CHERYL Address: 106 GRAND OAK CIR.

City-St-Zip: VENICE, FL 34292

 Title:
 TD
 () Delete

 Name:
 CINDY, NEVILLE

 Address:
 23459 GARRETT AVE.

 City-St-Zip:
 PORT CHARLOTTE, FL 33954

Title: VD () Delete

 Name:
 KONTOS, ROBIN L

 Address:
 25126 BOLIVAR DR

 City-St-Zip:
 PUNTA GORDA, FL
 33983

Title: ATD () Delete Name: TEIXEIRA, SONYA

Address: 1655 CLOW CT City-St-Zip: NORTH PORT, FL 34286 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: DUNN, MICHELLE Address: 21535 MALLARY ST

City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD (X) Change () Addition

Name: BAYAR, ALISON Address: 344 TORRINGTON ST

City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD (X) Change () Addition

Name: TEIXEIRA, SONYA Address: 1655 CLOW CT

City-St-Zip: NORTH PORT, FL 34286

Name: ADAMO, NICOLE
Address: 291 SANTEREM CIR
City-St-Zip: PUNTA GORDA, FL 33983

Title: ATD (X) Change () Addition

Name: KONTOS, ROBIN
Address: 25126 BOLIVAR DR
City-St-Zip: PUNTA GORDA, FL 33983

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: SONYA TEIXEIRA TD 02/19/2004