

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000000661

FILED
Jul 10, 2005
Secretary of State

Entity Name: WOMEN ARTISTS RISING, INC.

Current Principal Place of Business:

2413 BAYSHORE BLVD
#1201
TAMPA, FL 33629

New Principal Place of Business:

817 GULF BLVD.
#1
INDIAN ROCKS BEACH, FL 33785

Current Mailing Address:

405 S DALE MABRY HWY #136
TAMPA, FL 33609

New Mailing Address:

PO BOX 8
INDIAN ROCKS BEACH, FL 33785

FEI Number: 01-0582084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOLCIMASCOLO, KYM
2413 BAYSHORE BLVD #1202
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

DOLCIMASCOLO, KYM R PRES
817 GULF BLVD.
1
INDIAN ROCKS BEACH, FL 33785 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: KYM R. DOLCIMASCOLO

07/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STANSBURY, JILL
Address: 303 W HANNA AVE
City-St-Zip: TAMPA, FL 33604

Title: V (X) Delete
Name: AFSONCH, NOORI
Address: 14015 TROUVILLE DR
City-St-Zip: TAMPA, FL 33624

Title: T (X) Delete
Name: BATES, MARIA
Address: 3937 DARTMOUTH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: S (X) Delete
Name: GRAINGER, DARLENE
Address: 4902 N MACDILL AVE APT 1108
City-St-Zip: TAMPA, FL 33614

Title: D (X) Delete
Name: KIMASCOLO, KYM D
Address: 2413 BAYSHORE BLVD #1202
City-St-Zip: TAMPA, FL 33629

Title: D (X) Delete
Name: LYONS, BRIDGET
Address: 4003 S WESTSHORE BLVD #4511
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DOLCIMASCOLO, KYM R MS.
Address: 817 GULF BLVD. # 1
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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: KYM R DOLCIMASCOLO

PRES

07/10/2005

Electronic Signature of Signing Officer or Director

Date