


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90075 034 \*\*\*\*61.50

DOCUMENT # N02000001970  
1. Entity Name  
Museum Of Dance Arts, Incorporated



**DO NOT WRITE IN THIS SPACE**

24026667

2. Principal Place of Business  
3775 40th Ln. S. S. Bldg. 76, Ste. I  
City & State: St. Petersburg, FL  
Zip: 33711-5201 Country: USA

3. Mailing Address  
3775 40th Ln. S. Bldg. 76, Ste. I  
City & State: St. Petersburg, FL  
Zip: 33711-5201 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-358432 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
Name: Michael Kolb  
Street Address (P.O. Box Number is Not Acceptable): 3774 40th Ln. S. Bldg. 76, Ste. I  
City: St. Petersburg, FL Zip Code: 33711

**DO NOT WRITE  
IN THIS SPACE**

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 am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 3/19/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: President NAME: Kolb, Michael STREET ADDRESS: 3775 40th Ln., S. Bldg. 76-I CITY-ST-ZIP: St. Petersburg, FL 33711	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary NAME: Spinney, Maureena STREET ADDRESS: 9025 Thamesmeade Rd., Apt. H CITY-ST-ZIP: Laurel, MD 20723	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Treasurer NAME: Serrano, Michael STREET ADDRESS: 382 Central Park West, Apt. 7X CITY-ST-ZIP: New York, NY 10025	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 3/19/04 727.864.3301

CR2E037B (12/02)