2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001970

Entity Name: MUSEUM OF DANCE ARTS, INCORPORATED

FILED Apr 18, 2005 Secretary of State

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

3775 40 LANE SOUTH, BLDG 76-1 3775 40 LANE SOUTH, BLDG 76, STE. I ST PETERSBURG, FL 337115201 ST PETERSBURG, FL 337115201

Current Mailing Address: New Mailing Address:

3775 40 LANE SOUTH, BLDG 76-1 3775 40 LANE SOUTH, BLDG 76, STE. I ST PETERSBURG, FL 337115201 ST PETERSBURG, FL 337115201

FEI Number: 59-3584832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KOLB, MICHAEL KOLB, MICHAEL 3774 40 LANE SOUTH, BLDG 76-1 3774 40 LANE SOUTH, BLDG 76, STE. I ST PETERSBURG, FL 337115201 US ST PETERSBURG, FL 337115201 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: MICHAEL KOLB 04/18/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

KOLB, MICHAEL KOLB, MICHAEL Name: Name:

3775 40 LANE SOUTH, BLDG 76-1 Address: 3775 40 LANE SOUTH, BLDG 76, STE. I Address: City-St-Zip: ST PETERSBURG, FL 337115201 City-St-Zip: ST PETERSBURG, FL 337115201

Title: Title: SEC (X) Change () Addition () Delete SPINNEY, MAURENA Name: SPINNEY, MAURENA Name:

Address: 9656 HASTINGS DR Address: 9656 HASTINGS DR City-St-Zip: COLUMBIA, MD 21046 City-St-Zip: COLUMBIA, MD 21046

Title: () Delete Title: TREA (X) Change () Addition SERRANO, MICHAEL Name: SERRANO, MICHAEL Name:

382 CENTRAL PARK WEST, APT 7X Address: 382 CENTRAL PARK WEST, APT 7X Address: City-St-Zip: NEW YORK, NY 10025 City-St-Zip: NEW YORK, NY 10025

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: MICHAEL KOLB **PRES** 04/18/2005