


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90064 001 ***361.25

DOCUMENT # N02000001970 1. Entity Name MUSEUM OF DANCE ARTS, INCORPORATED	
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Principal Place of Business 3775 40 LANE SOUTH, BLDG 76, STE. I ST PETERSBURG, FL 33711-5201	Mailing Address 3775 40 LANE SOUTH, BLDG 76, STE. I ST PETERSBURG, FL 33711-5201
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KOLB, MICHAEL 3774 40 LANE SOUTH, BLDG 76, STE. I ST PETERSBURG, FL 33711-5201	DO NOT WRITE IN THIS SPACE
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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.

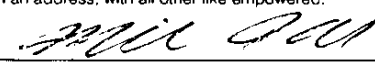
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES KOLB, MICHAEL 3775 40 LANE SOUTH, BLDG 76, STE. I ST PETERSBURG, FL 337115201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC SPINNEY, MAURENA 9656 HASTINGS DR COLUMBIA, MD 21046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA SERRANO, MICHAEL 382 CENTRAL PARK WEST, APT 7X 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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **8/23/07 127-906-0699**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #