

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002038

FILED
Jan 27, 2009
Secretary of State

Entity Name: SOUTH FLORIDA BALLET THEATER INC.

Current Principal Place of Business:

2044 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 BR

New Principal Place of Business:

ARTSPARK #1 YOUNG CIRCLE
HOLLYWOOD, FL 33020 BR

Current Mailing Address:

2044 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

New Mailing Address:

ARTSPARK #1 YOUNG CIRCLE
HOLLYWOOD, FL 33020 BR

FEI Number: 04-3626450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSEFF, PATRICIA
950 S. SOUTHLAKE DR..
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

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: AD () Delete
Name: DECHANE-AUDETTE, LYNDIA S AD
Address: 2029-B TYLER ST.
City-St-Zip: HOLLYWOOD, FL 33020 BR

Title: VP () Delete
Name: MASSENGILL, ROBERT VIPRS
Address: 3200 NE. 36TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33308 BR

Title: SEC () Delete
Name: AMITRANO, LAURA SEC
Address: 1029 TAYLOR STY.
City-St-Zip: HOLLYWOOD, FL 33020 BR

Title: AAD () Delete
Name: PITTERSON, HOWARD
Address: 3421 PIERCE ST.
City-St-Zip: HOLLYWOOD, FL 33020 BR

Title: D () Delete
Name: JAMALADDINE, JUDITH
Address: 1049 N SOUTHLAKE DR.
City-St-Zip: HOLLYWOOD, FL 33019 BR

Title: VP () Delete
Name: DRAGIF, FRIEDA
Address: 2421 PARK RD.
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LYNDIA DECHANE~AUDETTE

AD

01/27/2009

Electronic Signature of Signing Officer or Director

Date