FILED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Feb 18, 2003 8:00 am Secretary of State DOCUMENT # N02000002038 1. Entity Name 02-18-2003 90091 030 ****61.25 SOUTH BROWARD BALLET, INC. Principal Place of Business Mailing Address 601 N. 21ST AVE 601 N. 21ST AVE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 3626450 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DECHANE, LYNDA 601 N. 21ST AVE HOLLYWOOD FL 33020 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 SIGNATURE inted name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ALTISTIC Director vice president DECHANE, LYNDA ☐ Change Addition NAME NAME Carole Duncanson 601 N. 21ST AVE STREET ADDRESS STREET ADDRESS Harrism St HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP SQ VICE President TITLE Delete TITLE AUDETTE, JOSEPH DR NAME Addition Denise Pickett-Bernard NAME 5555 HOLLYWOOD BLVD STE 303 STREET ADDRESS REET ADDRESS 3921 N. 40 AUC 772 HOLLYWOOD FL 33021 CITY-ST-ZIP -ZIP my wood A. regiones TITLE The state of the s Delete TITLE Change EDWARDS, JAMES NAME Addition NAME 2003 Harrison st 330 NORTH FEDERAL HWY STREET ADDRESS STREET ADDR HOLLYWOOD FL 33020 CITY-ST-7IP Hollywood Fl. 33020 CITY-ST-7IP R President Delete TITI F Artistic Director ASSEFF, PATRICIA ☑ Lenange ☐ Addition NAME NAME Lynda Dechare 950 SOUTHLAKE DRIVE STREET ADDRESS STREET ADDRESS GOIN DISTAVE CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP Holkywood Fl. 33020 **Z** Delete TITLE EGER. JOSEPH ☐ Change ☐ Addition NAME NAME 3200 N.E. 7TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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 Block 11 if mpowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: