

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005410

FILED
Apr 29, 2003
Secretary of State

Entity Name: THE WATOTO DRAMA ENSEMBLE, INCORPORATED

Current Principal Place of Business:

524 W THARPE ST #19
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

524 W THARPE ST #19
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHARIF, RASHEEDAH
524 W THARPE ST #19
TALLAHASSEE, FL 32303

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Change (X) Addition
Name: THOMAS, VERONICA
Address: 2074 MIDYETTE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Change (X) Addition
Name: SHARIF, RASHEEDAH
Address: 524 WEST THARPE ST. APT 19
City-St-Zip: TALLAHASSEE, FL 32306

Title: D () Change (X) Addition
Name: CRAWLEY, SHAKIRA A
Address: 2765 WEST THARPE ST APT 204
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Change (X) Addition
Name: MUHAMMAD, KHALILAH
Address: 524 WEST THARPE ST APT 14
City-St-Zip: TALLAHASSEE, FL 32303

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: RASHEEDAH SHARIF

D

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date