2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# N03000007990

Entity Name: JUBILEE DANCE THEATRE, INC.

Current Principal Place of Business:

2840 SW 5TH ST
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

PO BOX 120115
FT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 30-0209372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WELTERS, LUCTRICIA T
2840 SW 5TH ST
FT LAUDERDALE, FL 33312 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: P ( ) Delete
Name: WELTERS, LUCTRICIA
Address: 2840 SW 5TH ST
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VP ( ) Delete
Name: CARTER-PEREIRA, CLAUDINE
Address: 203 LAKE POINTE DR STE 104
City-St-Zip: OAKLAND PARK, FL 33309

Title: S ( ) Delete
Name: NOBLES, SANDRA
Address: 2840 SW 5TH ST
City-St-Zip: FT LAUDERDALE, FL 33312

Title: T ( ) Delete
Name: SHAW, REVELL
Address: 1360 SE 14TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: O ( ) Delete
Name: ARTWELL, SONIA
Address: 2840 SW 5TH ST
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: CARTER-PEREIRA, CLAUDINE
Address: 1854 TAMARIND LANE
City-St-Zip: COCONUT CREEK, FL 33063

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 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: LUCTRICIA WELTERS P 07/08/2005

Electronic Signature of Signing Officer or Director — Date