2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009933

FILED Jan 04, 2008 Secretary of State

Entity Name: ACADEMY FOR THE PERFORMING ARTS, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1901 23 S ⁻ ROOM 219 VERO BEA					
Current Mailing Address:			New Mailing Addr	ess:	
1901 23 S ⁻ VERO BE <i>l</i>	T ACH, FL 32960				
FEI Number:	: 41-2108806	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:	
MILLER, G 1901 23 ST VERO BEA	T ACH, FL 32960				
		ubmits this statement for the p	purpose of changing its registe	red office or registered agent, or both,	
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
	e of Florida. Č RE:			ered oπice or registered agent, or both,	
in the State	e of Florida. Č RE:	ubmits this statement for the p		Pred oπice or registered agent, or both, Date	
in the State	e of Florida. Č RE:	c Signature of Registered Ag	ent		
in the State	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Ag F ORS: Delete	ent	Date	
in the State SIGNATUF OFFICER: Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT DP () MILLER, GARY 865 19TH ST SV VERO BEACH, F	c Signature of Registered Agr ORS: Delete V L 32962 Delete T.	ent ADDITIONS/CHAN Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS	
in the State SIGNATUF OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	E of Florida. RE: Electroni S AND DIRECT DP () MILLER, GARY 865 19TH ST SV VERO BEACH, F DS () COMPTON, ART 163 RICHARD S SEBASTIAN, FL	c Signature of Registered Agronal Corporation of Registered Agronal Corporation (Corporation Corporation Corporati	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition	

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: GARY MILLER DP 01/04/2008