


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N07028 1. Entity Name MARK SPIVAK CHARACTER DANCE ENSEMBLE, INC.	
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Principal Place of Business MARK SPIVAK'S INSTITUTE OF FINE ARTS 3740 SAN JOSE PLACE JACKSONVILLE, FL 32257 US	Mailing Address MARK SPIVAK'S INSTITUTE OF FINE ARTS 3740 SAN JOSE PLACE JACKSONVILLE, FL 32257 US
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03032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-5217220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIVAK, MARK 3740 SAN JOSE PLACE JACKSONVILLE, FL 32257
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**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BACCASH, GEORGE 8233 OLD PORT CIR N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HYLTON, VICKI 7454 SKYE DR. S. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SPIVAK, ALLA 1517 RIVERGATE DR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SPIVAK, MARK 1517 RIVERGATE DR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WHITMAN, JOSHUA 3293 LAUREL GROVE S. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

1100000455962
03/22/06-80055-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vicki Hylton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-07-06
Date

Daytime Phone #