SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $265)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 AUG -9 AM 11:46

DOCUMENT # **N10108** (1)

1. Corporation Name
THE WORLD ACADEMY OF ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
RR2 BOX 2238J WILLISTON FL 32696	RR2 BOX 2238J WILLISTON FL 32696

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1985
3a. Date of Last Report: 10/14/1994
4. FEI Number: 59-2586098 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PETRUCZ, GEORGE M
RR2 BOX 2238J
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	PETRUCZ, GEORGE M.	1.2 NAME	LEONE,JOHN	
STREET ADDRESS	RR2 BOX 2238J	1.3 STREET ADDRESS	6793 Piedmont	
CITY-ST-ZIP	WILLISTON FL	1.4 CITY-ST-ZIP	Detroit Mi. 48228	
TITLE	STD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GAINES, YOLANDA	2.2 NAME	JORDAN,DENNY	
STREET ADDRESS	RR2 BOX 2238J	2.3 STREET ADDRESS	7689 Stahelin	
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	Detroit,Mi. 48228	
TITLE	VD	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ANDERSON, KATHLEEN	3.2 NAME	FAKARIS,NICK	
STREET ADDRESS	5538 FRANCES AVE	3.3 STREET ADDRESS	3024 Starr	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	Royal Oak,Mi. 48073	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DOUGLAS, DAVID	4.2 NAME	YOUNG,GEORGE	
STREET ADDRESS	1115 MUDBROOK RD	4.3 STREET ADDRESS	17638 New Hampshire	
CITY-ST-ZIP	HURON OH	4.4 CITY-ST-ZIP	Southfield Mi,48075	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PRIDEMORE, DAVID	5.2 NAME	FETT,JOHN	
STREET ADDRESS	11124 GLENIS	5.3 STREET ADDRESS	605 Minerva	
CITY-ST-ZIP	STERLING HIEGHTS MI	5.4 CITY-ST-ZIP	Royal Oak,Mi. 48067	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BONDAR, ALLEN	6.2 NAME	DARNELL,GRACIE	
STREET ADDRESS	60855 COON CREEK RD.	6.3 STREET ADDRESS	29728 Buckingham	
CITY-ST-ZIP	ARMADA MI	6.4 CITY-ST-ZIP	Livonia, Mi. 48154	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George M. Petrucz GEORGE M. PETRUCZ 7-7-95 904-538-4782
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0003424