## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11000005601

FILED Apr 17, 2012 Secretary of State

Entity Name: IT'S YES! PERFORMING ARTS INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business:

5800 WEST COLONIAL DR., SUITE 302 4328 CASSIUS STREET ORLANDO, FL 32811 ORLANDO, FL 32811

Current Mailing Address: New Mailing Address:

5800 WEST COLONIAL DR., SUITE 302 4328 CASSIUS STREET ORLANDO, FL 32811 ORLANDO, FL 32811

FEI Number: 45-2771596 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEWART, SWEETIE 5800 WEST COLONIAL DR., SUITE 302 ORLANDO, FL 32811 US

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: F

Name: STEWART, SWEETIE

Address: 5800 WEST COLONIAL DR., SUITE 302

City-St-Zip: ORLANDO, FL 32811

Title: VP

Name: STEWART, RALEIGH

Address: 5800 WEST COLONIAL DR., SUITE 302

City-St-Zip: ORLANDO, FL 32811

Title: O

Name: PHAN, HUNG Address: PO BOX 915

City-St-Zip: WINDERMERE, FL 34786

Title: O

Name: PHAN, MILENA Address: PO BOX 915

City-St-Zip: WINDERMERE, FL 34786

Title: C

Name: WILLIAMS, EVELYN Address: PO BOX 915

City-St-Zip: WINDERMERE, FL 34786

Title: (

Name: JOHNSON, SELMA Address: PO BOX 915

City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: SWEETIE STEWART P 04/17/2012