## 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N11000008784

FILED Oct 15, 2012 Secretary of State

Entity Name: THE PERFORMING ARTS PROJECT, INC.

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

3294 SALINGER WAY 3294 SALINGER WAY

TALLAHASSEE, FL 32311 UN

Current Mailing Address: New Mailing Address:

3294 SALINGER WAY TALLAHASSEE, FL 32311

FEI Number: 45-3354745 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SLADE, KIMBERLY A 3294 SALINGER WAY

TALLAHASSEE, FL 32311 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: KIMBERLY SLADE

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: D

Name: SLADE, KIMBERLY A Address: 3294 SALINGER WAY City-St-Zip: TALLAHASSEE, FL 32311

Title: F

 Name:
 VALLINS, NIKOLE

 Address:
 1002 KIRBY STREET

 City-St-Zip:
 LAKE CHARLES, LA 70601

Title: S, T

Name: STYLES, JOHN JR.
Address: 1840 OLD SPANISH TRAIL
City-St-Zip: HOUSTON, TX 77054

Title:

Name: RAYMUND, SONIA Address: 180 BEACH DR. NE

City-St-Zip: ST. PETERSBURG, FL 33701

Title:

Name: POZZESSE, HEATHER G Address: 1104 MALAGA AVE. City-St-Zip: CORAL GABLES, FL 33134

Title: VP

Name: GOLDBERG, BENJAMIN

Address: 1166 AVENUE OF THE AMERICAS 9TH FLOOR

City-St-Zip: NEW YORK, NY 10036

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: KIM SLADE D 10/15/2012