## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17197

FILED Jul 22, 2004 Secretary of State

Entity Name: FORT LAUDERDALE BALLET CLASSIQUE, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	AUNON HEAST 43TD PARK, FL 33					
Current Mailing Address:				New Mailing Address:		
	AUNON HEAST 43TD PARK, FL 33					
FEI Number: 59-2784027 FEI Number Applied For ( ) FEI Nu		FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of (	Current Registered Agent:		Name and	Address o	of New Registered Agent:
OAKLAND The above i	HEAST 43TD PARK, FL 33 named entity	3334 US	urpose of	changing it	ts registere	ed office or registered agent, or both,
in the State	_					
SIGNATUR		nic Signature of Registered Age	nt			 Date
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( AUNON, MAGE 508 N.E. 43RE OAKLAND PAF	STREET		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	TD ( JOSLYN, SUS, 508 N.E. 43RE OAKLAND PAF	STREET		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition AURIE BRD STREET PARK, FL 33334
Title: Name: Address: City-St-Zip:	SD ( BURKS, VALE 508 NE 43RD OAKLAND PAF	ST.		Title: Name: Address: City-St-Zip:	SD ETTLINGER 508 NE 43R OAKLAND R	
Title: Name: Address: City-St-Zip:	BURK, VALER 508 NE 43RD			Title: Name: Address: City-St-Zip:	VD BENOIT, M/ 508 NE 43F FORT LAUE	
Title: Name: Address: City-St-Zip:	CLARKSON, K 508 NE 43RD			Title: Name: Address: City-St-Zip:	SD BUEHLER, 508 NE 43R FORT LAUE	
Title: Name: Address: City-St-Zip:	D (X ETTLINGER, T 508 NE 43RD OAKLAND PAR	ST		Title: Name: Address: City-St-Zip:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURIE C. GROSS TD 07/22/2004