2002 UNIFORM BUSINESS REPORT (UBR)

Jun 13, 2002 8:00 am Secretary of State **DOCUMENT # N19134** 1. Entity Name 06-13-2002 90383 041 ****70.00 THE BALLET SOCIETY FOR BALLET EDUCATION, INC. Principal Place of Business Mailing Address 559 MIRROR LAKE DR 559 MIRROR LAKE DR. ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2863592 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KINKAID, JAMIE J 11397 HAMLIN BLVD. **LARGO FL 33774** Zip Code Fl 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change Addition KINKAID, JAMIE NAME NAME 11397 HAMLIN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 Ven Change CD __. Delete TITLE ☐ Addition FRANCES, CATO NAME NAME TRANCES_ 5700 GROVE ST S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 ☐ Delete TITLE TITLE ☐ Addition BROWN BERON, CAL CAL BROWN NAME NAME Second AVE. N.E. 111 STOND AV NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PETERSburg, FL 33701 CITY-ST-ZIE SAINT PETERSBURG FL 33701 TITLE ☐ Delete TITLE Change ☐ Addition SHARER, LARRY NAME NAME STREET ADDRESS 5729 LA POERTA DEL SOL 376 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33715 CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

FILED