


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N32274</b>		
1. Entity Name <b>BROWARD CENTER OF DANCE AND THEATRE ARTS, INC.</b>		
Principal Place of Business <b>3809 NORTH 41 AVE. HOLLYWOOD, FL 33021 US</b>	Mailing Address <b>3809 NORTH 41 AVE HOLLYWOOD, FL 33021 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TABACCO, JACQUELINE 4491 SW 105 AVENUE DAVIE, FL 33328</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TABACCO, JACQUELINE 4491 SW 105 AVENUE DAVIE, FL 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD BRAVERMAN, REBECCA 3809 N 41 AVE HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD WEBER, GARI 10460 KESSLER ST PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRAN, JOAN 3133 SW 58 PL. FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEASLEY, DEBI 2055 NE 204TH ST. NORTH MIAMI, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
<b>SIGNATURE:</b> <i>Rebecca Braverman VPD</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>1/5/06</i> <i>954-614-3188</i> <small>Date Daytime Phone #</small>



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0127001</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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01/16/07-80014-007 61.25

**DO NOT WRITE  
IN THIS SPACE**