2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000002351

FILED Jul 11, 2006 Secretary of State

Entity Name: PERFORMING ENTERTAINMENT THROUGH EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8517 CLARIDGE DR. 14359 MIRAMAR PARKWAY SUITE #112 MIRAMAR, FL 33025 MIRAMAR, FL 33027 New Mailing Address: **Current Mailing Address:** PO BOX 552231 14359 MIRAMAR PARKWAY SUITE #112 CAROL CITY, FL 33055 MIRAMAR, FL 33027 FEI Number: 65-0411632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERSON, WALTER H JR. PETERSON, WALTER 8517 CLARIDGE DRIVE 14359 MIRAMAR PARKWAY MIRAMAR, FL 33025 SUITE #112 MIRAMAR, FL 33027 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: WALTER PETERSON 07/11/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PETERSON, WALTER H JR. PETERSON, WALTER Name: Name: 8517 CLARIDGE DRIVE Address: 8517 CLARIDGE DRIVE Address: City-St-Zip: MIRAMAR, FL City-St-Zip: MIRAMAR, FL Title: VD () Delete Title: () Change () Addition GRIFFIN, PETER Name: Name: Address: 18821 NE 3 CT APT 622 Address: City-St-Zip: N MIAMI BEACH, FL 33179 City-St-Zip: Title: () Delete Title: () Change () Addition FULLER, ADRIEENE Name: Name: 5223 S.W. 32ND ST. APT. 3-2R Address: Address: City-St-Zip: PEMBROKE PARK, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PETERSON, WANNETTE Name: Address: 16101 NW 27TH PLACE Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WANNETTE PETERSON S 07/11/2006