UNIFORM BUSINESS REPORT (UBR) DÖCUMENT # N950000 1571 Susan Lyk Jr. Dance Ensemble Inc Principal Place of Business Mailing Address (Jam) Pin's Plaza 2214 Jog Road Jan 16, 2001 8:00 A.M. **Secretary of State** Breenacres Florida 33415 2. Principal Place of Business 3. Mailing Address Same 58me Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For -0613652 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name James G. Mwlin 2263 N.W. Boca Raton Blud.#205 Street Address (P.O. Box Number is Not Acceptable) Boca Ratin, FL 33431 Zip Code 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 *****61.25 *****61.25 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 President Delete TITLE President D Kim O'Neal NAME NAME Judy Tackett 2214 Jog Rol West Palm Bch STREET ADDRESS STREET ADDRESS SOLO Mark wood Dr. CiTY-ST-7IP CITY-ST-ZIP FL 33415 VICE President VD ☐ Change ☐ Addition VICE President D Louisa Bayliss TITLE Delete TITLE Palm Boh Gardens NAME NAME Kim O'Neal STREET ADDRESS STREET ADDRESS 4387 HOW than Ave. FL 33410 2214 JOA ROC CITY-ST-ZIP CITY-ST-ZIP Treasurer ---- T-D ☐ Change Addition TITLE... TITLE Treasures == NAME TerriSimpson NAME Lake Work Leslie Van Warner STREET ADDRESS 25 IN Plumosa LA STREET ADDRESS 2214 JOG Rd CITY-ST-ZIP CITY-ST-7IP Secretary, Mathy Johnson 13987 Moning Glor Wellington, Pu TITLE Secretary Delete TITLE NAME NAME Mary DuKowski STREET-ADDRESS STREET ADDRESS 2214 JUG ROL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME Lake Worth STREET ADDRESS STREET ADDRESS FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS KE

changed, or on an attachment with an address, with all other like empowered 1001 Terri L. Simpsin 12/13/00 (56)7/63-3979

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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

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