2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE:

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # N96000004861 1. Entity Name 04-09-2004 90046 024 ****61.25 ARTS ACADEMY OF HOLLYWOOD, INC. Principal Place of Business Mailing Address 1921 HOLLYWOOD BOULEVARD HOLLYWOOD FL 1947-55 HARRISON STREET HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 1955 Harrison Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For 4. FEI Number 65-0700652 Not Applicable CULA \$8.75 Additional 5. Certificate of Status Desired 3302 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRUTZ, LINDA O. Box Number is Not Acceptable) 1947-55 HARRISON STREET HOLLYWOOD FL 33020 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 the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change ☐ Addition STRUTZ, LINDA NAME NAME 2740 NORTH SURF ROAD STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUMGARDNER, CHARISE LEE NAME NAME 1201 SOUTH OCEAN DRIVE, SUITE 1801 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change Addition STRUTZ, JEFFREY NAME NAME 2740 NORTH SURF ROAD STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition PAWNSLEY, CLIFF JR NAME NAME 1720 HARRISON STREET #10E STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED