2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N97000006025

Entity Name: ARTS BALLET THEATRE OF FLORIDA, INC.

Current Principal Place of Business:

2646 NE - 189 TER
AVENTURA, FL 33180

New Principal Place of Business:

15939 BISCAYNE BLVD.
N MIAMI BEACH, FL 33160

Current Mailing Address:

2646 NE - 189 TER
AVENTURA, FL 33180 US

New Mailing Address:

15939 BISCAYNE BLVD.
N MIAMI BEACH, FL 33160

FEI Number: 65-0804935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ISSAEV, RUBY
2646 NE - 189 TERRACE
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ISSAEV, RUBY
15939 BISCAYNE BLVD
N MIAMI BEACH, FL 33160 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: 03/10/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROZENCWAIG, LESLIE
Address: 2646 NE - 189 TER
City-St-Zip: AVENTURA, FL 33180

Title: VSD ( ) Delete
Name: FRANTZ, MARCIA
Address: 2646 NE -189 TER
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: VERNICK, RUTH
Address: 2646 NE - 189 TER
City-St-Zip: AVENTURA, FL 33180

Title: MD ( ) Delete
Name: ISSAEV, RUBY
Address: 2646 NE 189 TERRACE
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROZENCWAIG, LESLIE
Address: 15939 BISCAYNE BLVD
City-St-Zip: N MIAMI, FL 33160

Title: VSD (X) Change ( ) Addition
Name: FRANTZ, MARCIA
Address: 15939 BISCAYNE BLVD
City-St-Zip: N MIAMI, FL 33160

Title: D (X) Change ( ) Addition
Name: VERNICK, RUTH
Address: 15939 BISCAYNE BLVD
City-St-Zip: N MIAMI, FL 33160

Title: MD (X) Change ( ) Addition
Name: ISSAEV, RUBY
Address: 15939 BISCAYNE BLVD
City-St-Zip: N MIAMI, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: RUBY ISSAEV MD 03/10/2009
Electronic Signature of Signing Officer or Director — Date