

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000002196

FILED  
Apr 24, 2003  
Secretary of State

**Entity Name:** LIQUID MOTION DANCE COMPANY, INC.

**Current Principal Place of Business:**

1838 N. NOB HILL RD.  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1838 N. NOB HILL RD.  
PLANTATION, FL 33322

**New Mailing Address:**

**FEI Number:** 65-0921969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARK, LISA  
1838 N. NOB HILL RD.  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MARK, LISA  
Address: 1838 N. NOB HILL RD.  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: PERLMAN, ADRIAN  
Address: 1838 N. NOB HILL RD.  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: SANDLER, KAREN  
Address: 1838 N. NOB HILL RD.  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MARK, STEPHANIE  
Address: 1838 N. NOB HILL RD.  
City-St-Zip: PLANTATION, FL 33322

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA MARK

D

04/24/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date