2002 UNIFORM BUSINESS REPORT (UBR) Aug 14, 2002 8:00 am Secretary of State P01000064580 DOCUMENT # 08-14-2002 90025 038 ***550.00 SPIRIT DANCE ART, PRINTING & FRAMING, INC. Principal Place of Business Mailing Address 91280 OVERSEAS HWY 91280 OVERSEAS HWY **TAVERNIER FL 33070** TAVERNIER FL 33070 cipal Place of Business Mailing Address 130 CONTSOR Suite, Apt. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 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 with, and accept the obligations of registered agent. ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition NAME DECLUE, MARCIA NAME **CR2E034** STREET ADDRESS 91280 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP TAVERNIER FL 33070 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME DECLUE, CHARLES S NAME STREET ADDRESS 91280 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP TAVERNIER FL 33070 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the property with the same dependence of the corporation of the receiver of the same dependence of the same dependenc

changed, or on an attachment

SIGNATURE: