

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90001 008 ***150.00

DOCUMENT # P02000041531

1. Entity Name
SCHOOL FOR YOUNG PERFORMERS FLORIDA INC.



Principal Place of Business

**19 EAST MAIN ST
MT. KISCO, NY 10549**

Mailing Address

**19 EAST MAIN ST
MT. KISCO, NY 10549**

54067143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
02-0594909

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**A1A CORPORATE SERVICES INC.
92 SADBERRY ROAD
QUINCY, FL 32351-0000**

7. Name and Address of New Registered Agent

Name **LAWRENCE J. CHASTANG**
Street Address (P.O. Box Number is Not Acceptable) **CHASTANG, FERRELL ET. AL.**
1400 W. FAIRBANKS AVE. SUITE 102
City **WINTER PARK** **FL** Zip Code **32789**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SIMON, ALAN**
STREET ADDRESS **19 EAST MAIN ST**
CITY-ST-ZIP **MT. KISCO, NY 10549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan Simon, President

7/28/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

54067143

#P0200041531

2004 TAX RETURN FILING INSTRUCTIONS

UNIFORM BUSINESS REPORT

FOR PROFIT CORPORATION

Prepared for	SCHOOL FOR YOUNG PERFORMERS FLORIDA INC. 19 EAST MAIN STREET MT. KISCO, NY 10549-2218
Prepared by	CHASTANG, FERRELL, SIMS & EISERMAN LLC 1400 W. FAIRBANKS AVENUE, SUITE 102 WINTER PARK, FL 32789
Amount due or refund	A CHECK IN THE AMOUNT OF \$150.00 SHOULD BE ENCLOSED.
Make check payable to	FLORIDA DEPARTMENT OF STATE
Mail tax return and check (if applicable) to	DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500
Return must Be mailed on or before	SEPTEMBER 8, 2004
Special Instructions	THE RETURN SHOULD BE SIGNED BY THE APPROPRIATE CORPORATE OFFICER(S). FOR COURIER DELIVERY USE THE ADDRESS LISTED BELOW: DIVISION OF CORPORATIONS 2670 EXECUTIVE CENTER CIRCLE TALLAHASSEE, FL 32301