
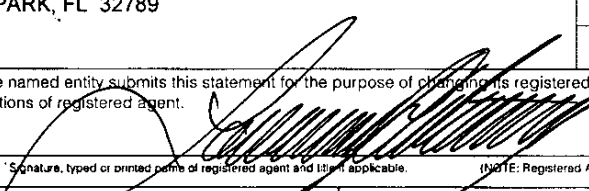
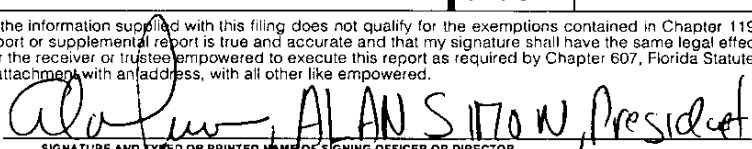


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90009 004 ***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				
2. Principal Place of Business - No P.O. Box # 400 Columbus Avenue		3. Mailing Address 400 Columbus Avenue					
Suite, Apt. #, etc. Suite 7S		Suite, Apt. #, etc. Suite 7S					
City & State Valhalla, NY		City & State Valhalla, NY		4. FEI Number 01292008 Chg-P CR2E034 (12/06) 02-0594909			
Zip 10595		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHASTANG, LAWRENCE J CARSON, ALLEN, WEISHAIR & CO, LLP 1400 W. FAIRBANKS AVE. SUITE 102 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name: Chastang, Lawrence J. Street Address (P.O. Box Number is Not Acceptable): LarsonAllen, LLP 420 South Orange Avenue, Ste. 500 City: Orlando, FL Zip Code: 32801				
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:  DATE: 2/27/08 <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating))</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE PD	NAME SIMON, ALAN		<input type="checkbox"/> Delete	TITLE PD	NAME Simon, Alan		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 19 EAST MAIN ST	CITY-ST-ZIP MT. KISCO, NY 10549			STREET ADDRESS 400 Columbus Avenue, Ste. 7S	CITY-ST-ZIP Valhalla, NY 10595		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  ALAN SIMON, President				Date: 3/10/2008		Daytime Phone #: 914-747-2737	