


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91435 001 ***150.00

DOCUMENT # P02000054165 ✓

1. Entity Name
ACADEMY OF MOVEMENT ARTS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7951 SW 40th ST</u>		3. Mailing Address <u>11090 SW 57th ST.</u>	
Suite, Apt. #, etc. <u>Suite 212</u>		Suite, Apt. #, etc.	
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>	
Zip <u>33155</u>	Country <u>USA</u>	Zip <u>33173</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

<p align="center">DO NOT WRITE IN THIS SPACE</p>	4. FEI Number <u>02-0604388</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Geneah Escobar</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>7951 SW 40th ST, Suite 212</u>			
City <u>Miami</u> FL Zip Code <u>33155</u>			

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] DATE 4-30-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PTD</u> <u>Geneah Escobar</u> <u>7951 SW 40th ST.</u> <u>Miami, FL 33155</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SUD</u> <u>RENE MEIZOSO</u> <u>7951 SW 40th ST</u> <u>Miami, FL 33155</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Geneah Escobar DATE 4-30-03 305-595-6507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)