FILED
Feb 17, 2004 8:00 am
Secretary of State

01-29-2004 90077 042 ***150.00

66402154

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000088553

1. Entity Name
STUDIO K DANCE, INC.

Principal Place of Business	Mailing Address
3854 ORLANDO CIRCLE WEST JACKSONVILLE, FL 32207 US	3854 ORLANDO CIRCLE WEST JACKSONVILLE, FL 32207 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0221215 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWARDS, DAVID J 200 NORTH LAURA STREET SUITE 1200 JACKSONVILLE, FL 32202	Name: EDCOLAW, INC. Street Address (P.O. Box Number is Not Acceptable): 6 East Bay Street Suite 500 City: Jacksonville FL Zip Code: 32202

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: Laura W. Austin EDCOLAW, Inc., by Laura W. Austin, Secretary 1-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST FEATHERING-HEMPHILL, KELLINA 3854 ORLANDO CIRCLE WEST JACKSONVILLE, FL 32207	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLINA R HEMPHILL 1/20/04 904 651 6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #