## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000119276

City-St-Zip:

FILED Aug 24, 2004 Secretary of State

Entity Name: ON POINTE DANCE STUDIO, INC. **Current Principal Place of Business: New Principal Place of Business:** 9793 GLADES ROAD SUITE B BOCA RATON, FL 33434 **New Mailing Address: Current Mailing Address:** 9793 GLADES ROAD SUITE B BOCA RATON, FL 33434 FEI Number: 20-0336915 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. WOODEN, MARCIA C PTD 17741 SW 12TH STREET 1840 SW 22ND ST. 4TH FLOOR PEMBROKE PINES, FL 33029 US MIAMI, FL 33145 US 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. SIGNATURE: MARCIA C. WOODEN 08/24/2004 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition Name: REEVES, MARCIA Name: WOODEN, MARCIA 9793 GLADES ROAD #B 9793 GLADES ROAD #B Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33434 Title: Title: CEOS () Delete () Change () Addition Name: RASH, EMERAUDE A Name: 9793 GLADES ROAD #B Address: Address: BOCA RATON, FL 33434 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition RASH, EMERAUDE A Name: Name: 9793 GLADES ROAD #B Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition WOODEN, SHAWN A Name: Name: Address: Address: 9793 GLADES ROAD #B

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

BOCA RATON, FL 33434

SIGNATURE: MARCIA C. WOODEN PTD 08/24/2004