

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031399

Entity Name: BROADWAY KIDS STUDIO INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

9042 STATE ROAD 84
DAVIE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

2900 NW 125TH AVE
3-106
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 75-3211676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMEERALLY, MICHELLE M
2900 NW 125TH AVENUE
3-106
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMEERALLY, MICHELLE M
Address: 2900 NW 125 AVE 3-106
City-St-Zip: SUNRISE, FL 33323 US

Title: V () Delete
Name: AMEERALLY, AADIL F
Address: 2900 NW 125TH AVE 3-106
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: AMEERALLY, MICHELLE M
Address: 2900 NW 125TH AVE
City-St-Zip: SUNRISE, FL 33323

Title: T () Delete
Name: AMEERALLY, MICHELLE M
Address: 2900 NW 125TH AVE
City-St-Zip: SUNRISE, FL 33323

Title: VP () Delete
Name: AMEERALLY, MICHELLE M
Address: 2900 NW 125TH AVE
City-St-Zip: SUNRISE, FL 33323

Title: T () Delete
Name: AMEERALLY, AADIL F
Address: 2900 NW 125TH AVE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: AMEERALLY, MICHELLE M
Address: 2900 NW 125TH AVE 3-106
City-St-Zip: SUNRISE, FL 33323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: AMEERALLY, MICHELLE M
Address: 2900 NW 125TH AVE
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MICHELLE AMEERALLY

P

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date