## 2006 FOR PROFIT CORPORATION ANNUAL REPORT 😘

## Feb 16, 2006 08:00 AM **DOCUMENT # P93000038492 Secretary of State** 1. Entity Name ARTS ACADEMY OF HOLLYWOOD, INC. Mailing Address Principal Place of Business 1955 HARRISON ST. 1955 HARRISON ST. HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 02142005 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0421897 Not Applicable \$8.75 Addinonai 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STRUTZ, LINDA 1955 HARRISON STREET HOLLYWOOD, FL 33020 IN THIS SPACE 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, typed or printed name of registered agent and the filapplicable. (NOTE: Registered Agent signature required when reinstating) UNOOBB43\$893 9. Election Campaign Financing \$5.00 May Be 02/27/06-8001**0-004** 211**.25** FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 70. OP DDE STRUTZ, LINDA NAME STREET ADDRESS 1955 HARRISON STREET CITY ST - JIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-71P IN THIS SPACE mpe NAME STREET ADDRESS CTTY-ST-ZIP ₹Œ NAME STREET ADDRESS CITY-ST-21P TILE

12. I hereby certify that the information supplied with this tiling 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 cath, that I am an officer or director of the comporation 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 changed, or on an attachment with an address, with all other like empowered.

Gt, +

NAME STREET ADDRESS CITY-ST-ZIP

Lunda Struti 2/14/00

954 923-1950

FILED