

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90144 042 \*\*\*150.00

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DOCUMENT # P94000066459

1. Corporation Name

DANCESPORT PRODUCTIONS, INC.



Principal Place of Business

505 NE SPANISH TRAIL  
SUITE 610  
BOCA RATON FL 33432  
US

Mailing Address

PO BOX 13  
~~SUITE 610~~  
BOCA RATON FL 33429  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1994

4. FEI Number

65-0550956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6123 NW 120 Terrace  
Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 13  
Suite, Apt. #, etc.

City & State

23 Coral Springs FL

City & State

28 BOCA RATON FL

Zip

24 33076

Country

25 USA

Zip

29 33429

Country

30 USA

9. Name and Address of Current Registered Agent

HILLARY, COLIN  
505 N.E. SPANISH TRAIL  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Hillary Colin

82 Street Address (P.O. Box Number is Not Acceptable)

6123 NW 120 Terrace

83

84 City

Coral Springs

FL

85 Zip Code

33076

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME HILLARY, COLIN  
STREET ADDRESS 505 N.E. SPANISH TRAIL  
CITY-ST-ZIP BOCA RATON FL

TITLE TSDV ☐ DELETE

NAME HILLARY, JOY  
STREET ADDRESS 505 N.E. SPANISH TRAIL  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Hillary, Colin Address  
1.3 STREET ADDRESS 6123 NW 120 Terrace  
1.4 CITY-ST-ZIP Coral Springs FL 33076

2.1 TITLE TSDV ☒ Change ☐ Addition  
2.2 NAME Hillary, Joy Address  
2.3 STREET ADDRESS 6123 NW 120 Terrace  
2.4 CITY-ST-ZIP Coral Springs FL 33076

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joy Hillary TSDV  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

954-757-5101

Daytime Phone #

CR2E034 (11/98)