2001 UNIFORM BUSINESS RÉPORT (UBR) **FILED** Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P94000066459** 1. Entity Name DANCESPORT PRODUCTIONS, INC. 04-30-2001 90101 011 ***150.00 Principa! Place of Business Mailing Address 6123 NW 120 TERR PO BOX 13 CORAL SPRINGS FL 33076 والواحمية فالحاداة BOCA RATON FL 33429 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0550956 Not Apolicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILLARY, COLIN Street Address (P.O. Box Number is Not Acceptable) 6123 NW 120 TERR CORAL SPRINGS FL 33076 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's gnature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITI,E	PD	☐ Delete	TITLE	☐ Change ☐ Adoition
NAME	HILLARY, COLIN		NAME	
STREET ADDRESS	6123 NW 120 TERR		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP	
TITLE	TSDV	☐ Deiete	TITLE	☐ Change ☐ Addition
NAME	HILLARY, JOY		NAME	ange Indution
STREET ADDRESS	6123 NW 120 TERR		STREET ADDRESS	
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CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
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CITY-SI-ZIP			CLLY-ST-ZIP	

13. Thereby 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 logal 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

1 HULDLY JOY HILLARY
NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 954-757-510

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