2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P9600054465** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name DANCE AMERICA, INC. 04-28-2000 90082 036 ***150.00 Mailing Address Principal Place of Business 281 NORTHEAST 48TH COURT 8229 PINE ISLAND RD TAMARAC FL 33321 FORT LAUDERDALE FL 33334-6017 US 2. Principal Place of Business 3. Mailing Address N. Universi 320 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 64-0675694 ORAL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINBERG, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 8000 PETERS ROAD 2ND FLOOR PLANTATION FL 33324 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PVST** ■ Addition TITLE Delete TITLE. Gutches, Annette 281 Ne 48th court **GUTCHES. ANNETTE** NAME STREET ADDRESS 281 NORTHEAST 48TH COURT STREET ADDRESS Fort Lauderdale, FL CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 Change Delete TITLE **GUTCHES, ANNETTE** NAME NAME 281 NORTHEAST 48TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33334 CITY-ST-ZIP Change **Addition** TITLE Delete TITLE ALVAREZ, CAROLYN 2840 S. OKKLAND FOREST DO NAME NAME STREET ADDRESS STREET ADDRESS + LAuderdale, FL 33309 CITY-ST-ZIP CITY-ST-7IP Addition Delete TOTLE NAME ·LTCHES, BRAD STREET ADDRESS STREET ADDRESS 48th Court CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

URE SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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