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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90164 006 ***150.00

17 Co.po.pa.	MENT # P96000 DANCE FACTORY, INC.	069023			KE BANDE MENNA BBANE HUBBE KANA HARA
D-11111	· · · ·	NA-Ur. Add.			
Principal Plac 1411 KASS CIF SPRING HILL F	RCLE	Mailing Address 2334 RESTMERE LANE SPRING HILL FL 34609 US		DO NOT WRITE IN TH	IS SPACE
			,	3. Date Incorporated or Qualifed 08/19/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59 3394715 59-3501348	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22 City & Stat	la transfer de la companya de la com	City & State			
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year I	
24	25	29	30	Personal Property Tax.	⊠Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
001	ACZ NICOLE		81 Name		+
	MEZ, NICOLE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	Frestmere LN Fing Hill Fl 34609				
· orn	ING HILL PL 34009		[83]		
	,		84 City	F	85 Zip Code
	registered agent, or both, in the State of m familiar with, and accept the obligate	of Florida. Such change was au ions of, Section 607.0505, Flor	ithorized by the corporation of	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ; ointment as registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of familiar with, and accept the obligation of the state	of Florida. Such change was autions of, Section 607.0505, Florida in and title if applicable. (NOTE:	othorized by the corporation of the statutes. Registered Agent signature requires	on's board of directors. I hereby accept the app	ointment as registered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-\$T-ZIP

MUCOLE GOMEZ

x 4/13/99

Daytime Phone #

DOE034 (41/09)