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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P97000022403 (4) DOCUMENT # A CHANCE TO DANCE, INC. Principal Place of Business Mailing Address 1332 CAMPBELL AVE. STE 4 POST OFFICE BOX 41285 JACKSONVILLE FL 32207 JACKSONVILLE FL 32203 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1997 Principal Place of Business

None 2a. Mailing Address FEI Number Applied For Monument Road Not Applicable Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 24 33 30 Personal Property Tax due June 30. **D**∕Yes 29 10. Name and Address of New Register 9. Name and Address of Current Registered Agent PICARD, KIMBERLY 1332 CAMPBELL AVE. STE 4 82 JACKSONVILLE FL 32207 83 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition Pellicer Kimberly Picard 2011 Intil Village Drive PICARD, KIMBERLY 1.2 NAME NAME 1332 CAMPBELL AVE. STE 4 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 racksonville, FL 32277 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DFLETE TITLE 2.1 TITLE Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETÉ 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

nd Polical Kimberly Picard Pellicer) 1-28-98 (904) 745-1996 SIGNATURE:

14. I hereby certify that the information supplied with this fitting 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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change

Addition

DELETE