FILED May 25, 2004 8:00 am Secretary of State 05-25-2004 90002 037 ***150.00

Rizin	vg 5.	TARZ DI	ANCE ACAG	En/				
	A PAS Specific Specific Manager		E IN THIS	70			2407696	į
	lace of Busine Starz #, etc. 2-20	Dance Aca	3. Mailing Address 4040 W. We Suite, Apt. #, etc.	aters Avei	rue		DO NOT WRITE IN TH	IIS SPACE
City & State	e	FI	City & State			4. FEI Number 59346	7548	Applied For Not Applicable
zip 33614	į.	Country USA	Zip	Country		5. Certificate of St		\$8.75 Additional Fee Required
	BENEFIT NEED	ONOT VITHIS S	PARENTE POPPER DE LA COMPE	Name	COXIX	S. 1 S.	Prvice Corrent Register	
	11		FACE	City	201	Hays hassec	<u>St</u> F	L Zig Code
	named entity ions of registe		t for the purpose of changi	ng its registered office	or register	red agent, or both, in	the State of Florida. I a	m familiar with, and accept
SIGNATURE .	Signature typed o	r printed name of registered a	nent and title if applicable.	(NOTE: Registered Agent sig	inature required	d when reinstaling)	DA	
Jan	nuary 1 - Ma After May 1 Amended	y 1. Fee is \$150.00 . Fee is \$550.00 UBR is \$61.25 Florida Departmen				9. Election	Campaign Financing and Contribution.	\$5.00 May Be Added to Fees
10.			ND DIRECTORS		T and the second			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presid 19808 Luty	m. Ace Sursplash Fli335	. Lare 58	TITLE NAME STREET ADDRES CITY-ST-ZIP	S			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRES CITY-ST-ZIP	\$			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRES CITY-ST-ZIP	58	DO	NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRE	38	IN:	THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRES CITY-ST-ZIP	S			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRE	35			
	certify that the	information supplied	with this filing does not qua	35%/05%/05%/05%/05%/05%	stated in Se	ection 119.07(3)(i), FI	orida Statutes. I further	certify that the information

12. I hereby certify that the information supplied with this filling 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 of 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 tife receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

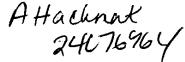
FOR PROFIT CORPORATION

DOCUMENT # P97000 66085

5/1/04

8/3-888-183-7

KZEU34B (12/02





Florida Profit

RIZING STARZ DANCE ACADEMY, INC.

PRINCIPAL ADDRESS 4040 W. WATERS AVE., STE. 2200 TAMPA FL 33614

MAILING ADDRESS 4040 W. WATERS AVE., STE. 2200

TAMPA FL 33614

Document Number P97000066085

FEI Number 593467548

Date Filed 07/30/1997

State FL Status ACTIVE Effective Date NONE

Registered Agent

Name & Address

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

Officer/Director Detail

Name & Address	Title
ACEBO, LISA M 19808 SUNSPLASH LANE	P
 LUTZ FL 33549	

Annual Reports

Report Year	Filed Date		
2001	05/16/2001		
2002	05/27/2002		
2003	09/10/2003		