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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90038 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000045909

1. Corporation Name

RIISING STAR GYMNASTICS ACADEMY, INC.

Principal Place of Business

3301 NW 51ST PLACE
GAINESVILLE FL 32605

Mailing Address

3301 NW 51ST PLACE
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 490 NW 60 th St. Suite, Apt. #, etc. 22 Suite 6 City & State 23 Gainesville, FL Zip Country 24 32607 25		2a. Mailing Address 26 5055 SW 78 th Way Suite, Apt. #, etc. 27 City & State 28 Gainesville, FL Zip Country 29 32608 30		3. Date Incorporated or Qualified 05/19/1998 4. FEI Number 59-3521849 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

BAKER, DANIEL K
3301 NW 51ST PLACE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5055 SW 78th Way
83
84 City Gainesville FL 85 Zip Code 32608

11. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Daniel K. Baker
STREET ADDRESS		1.3 STREET ADDRESS	5055 SW 78 th Way
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Gainesville, FL 32608
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	William E. Jones
STREET ADDRESS		2.3 STREET ADDRESS	3256 Eastwood Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP/Tres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Ashly Jones
STREET ADDRESS		3.3 STREET ADDRESS	5055 SW 78 th Way
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Gainesville, FL 32608
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Robert P. Moore
STREET ADDRESS		4.3 STREET ADDRESS	5911 NW 29 th St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, FL 32653
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

3/24/99

(352) 331-1147

Date

Daytime Phone #

CR2E034 (11/98)