


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000007284 1. Entity Name EUROPEAN SCHOOL OF PERFORMING ARTS COMPANY	
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Principal Place of Business 360 TOMOKA AVENUE ORMOND BEACH, FL 32174	Mailing Address 360 TOMOKA AVENUE ORMOND BEACH, FL 32174
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03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3554750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BLEDSON, GERMAINE A 307 AIRPORT ROAD ORMOND BEACH, FL 32174	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <i>Germaine Bledsoe</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>Germaine Bledsoe</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<i>3/9/04</i> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000085265 03/12/04-80017-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLEDSON, GERMAINE A 360 TOMOKA AVENUE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMOAK, HANNELORE 360 TOMOKA AVENUE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLEDSON, RICHARD C 360 TOMOKA AVENUE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Germaine Bledsoe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Germaine Bledsoe</i> <i>3/9/04</i> <i>(386)673-2435</i> <small>DATE DAYTIME PHONE #</small>