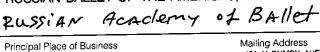
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

SIGNATURE:

P99000029446

1. Entity Name RUSSIAN BALLET OF THE AMERICAS, INC.





## **FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90163 015 \*\*\*158.75

421 N BUMBY AVECAS PLAZA THEATER ORLANDO FL 32803		PLAZA THEATER ORLANDO FL 32903								
2. Principal Pla	ice of Business	3. Mailing Address				i indiidat iig latta jatti aatti aatti	1911) BB1/6 148	IB  B(   <b>4</b> 1561 B10	10 0111 1001	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		<b>4.</b> F	4. FEI Number 59-3569734 Applied F Not Appl			lied For Applicable		
Zip	Country	Zip	Cour	ntry 5. C		Certificate of Status Desired		8.75 Addit ee Required	ional	
	6. Name and Address of Curre		1	7. N	Name and Address of New Registered Agent					
	6. Name and Address of Corre	nt registered rigen.		Name						
FEDOTOV,	VADIM SCAPE COURT		Street Address			(P.O. Box Number is Not Acceptable)				
ORLANDO										
· · · · · · · · · · · · · · · · · · ·						, , , , , , , , , , , , , , , , , , , ,	FL	Zip Code		
the obligation	named entity submits this statement ons of registered agent. Signature, typed or printed name of registered ag			red office or reg			da. I am fa	miliar with, a	nd accept	
FI After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Department	00			_	Election Campaign Fina Trust Fund Contribution	. 🗆	Added	May Be to Fees	
10.	OFFICERS A	ND DIRECTORS	11.		A	DDITIONS/CHANGES TO OFFI	JERS AND		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEDOŤOV, VADIM 623 LAKESCAPE CT ORLANDO FL 32828	Delet	NAI STE					☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NA Sti	'LE Me Reet address IY-ST-ZIP				☐ Change	Addition (	
TITLE NAME STREET ADDRESS		☐ Dele	NA 'ST	TLE		,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Dele	NA ST	TLE AME - REET ADDRESS TY-ST-ZIP			-	Change	Addition	
TITLE NAME STREET ADDRESS		☐ Dele	ete Ti	TLE AME TREET ADDRESS				Change	☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ Dele	ete .TI	TY-ST-ZIP  TLE  AME  TREET ADDRESS  ITY-ST-ZIP	-			☐ Change	Addition	
12. I hereby indicated of the co-	certify that the information supplied don this report or supplemental reproration or the receiver or trustee , or on an attachment with an addr	with this filling does not question or the true and accurate are empowered to execute the ess, with all other like empowers.	ualify for the e	xemption stated	I in Section e the same er 607, Flo	n 119.07(3)(i), Florida Statutes. e legal effect as if made under orida Statutes; and that my nam	I further cer path; that I a e appears in	tify that the i am an officer n Block 10 o	nformation or director r Block 11 if	