2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # 299000049387 SINCLAIR DANCE ACADEMY, INC. 04-24-2001 90012 042 ***150.00 Principal Place of Business Mailing Address 6600 MANATEE AVE W 6600 MANATEE AVE W 643509 BRADENTON FL 34209 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0930185 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WICKMAN & WYCKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 4909 MANATEE AVENUE WEST **BRADENTON FL 34209** City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete ☐ Change ☐ Addition SINCLAIR, REBECCA NAME NAME 1023 92ND ST NW STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BRADENTON FL 34209** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition SUNCLAIR, REBECCA NAME NAME 1023 92ND ST NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP - James - State of the State of Change - Addition TITLE = TITLE SINCLAIR, REBECCA NAME NAME STREET ADDRESS 1023 92ND ST NW STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Rebecca Sinclair 4/18/01 941-761-8868