

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P99000088408

1. Entity Name

DANCE TIMES, INC.



**FILED**

**Jan 28, 2005 08:00 AM  
Secretary of State**

Principal Place of Business  
150 E. DAVIS BLVD.  
TAMPA FL 33606

Mailing Address  
150 E. DAVIS BLVD.  
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3609732

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, ARNOLD D  
100 SOUTH ASHLEY DR., STE. 1600  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution  Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME LEVINE, ARNOLD D  
STREET ADDRESS 100 SOUTH ASHLEY DR., STE. 1600  
CITY-ST-ZIP TAMPA FL 33602

TITLE  Change  Add  
NAME  Change  Add  
STREET ADDRESS  Change  Add  
CITY-ST-ZIP  Change  Add

TITLE P  Delete  
NAME LIBRERO, EMILIO  
STREET ADDRESS 150 E DAVIS BLVD  
CITY-ST-ZIP TAMPA FL 33606

TITLE  Change  Add  
NAME  Change  Add  
STREET ADDRESS  Change  Add  
CITY-ST-ZIP  Change  Add

TITLE  Delete  
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CITY-ST-ZIP  Change  Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Emilio L. Librero

1/20/05 (813)253-0644

Date

Daytime Phone #