2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000081245

1. Entity Name

TAKE ONE TALENT AGENCY, INC.

FILED
04 OCT 25 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E034 (4/04)

Principal Place of Business	Mailing Address
9711 W SAMPLE RD CORAL SPRINGS FL 33065	9711 W SAMPLE RD CORAL SPRINGS FL 33065

2. Principal Place of Business	3. Mailing Address
9711 W. SAMPLE RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State
Zip: 33067 Country: USA	Zip Country

4. FEI Number 20-0000608 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: SHEILA KNIES
Street Address (P.O. Box Number is Not Acceptable): 9711 W. SAMPLE. RD.
City: CORAL SPRINGS FL Zip Code 33065

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] SHEILA KNIES 9-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS THOMAS, MARGARET 9711 W SAMPLE RD CORAL SPRINGS FL 33065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400041951904 10/18/04--01097--008 **150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT KNIES, SHEILA 9711 W SAMPLE RD CORAL SPRINGS FL 33065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] SHEILA KNIES - VP - 8/15/04 954-344-9925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #