FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044590

1. Corporation Name

SEA STARS, TALENT AGENCY INC.

Principal Place	e of Business	Mailing Address			[
1025 POMELO AVE		1025 PAMELO AVE			
SARASOTA FL 34236		SARASOTA FL 34236 US			DO NOT MIDITE IN THIS SPACE
US					DO NOT WRITE IN THIS SPACE
-			-	-	3. Date Incorporated or Qualifed 06/23/1993
Principal Place of Business 2a.		2a. Mailing Address	a. Mailing Address		4. FEI Number Applied For
21 26					65-0455410 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required
	City & State City & State				6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
BIRNKRANT, SALLY J			82	Street A	Address (P.O. Box Number is Not Acceptable)
1025 POMELO AVE.			102	Oli CCC 7	address (1.10, pax rights to the transport to the transpo
SAR	ASOTA FL 34236		83		
			-	0''	85 Zip Code
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		RICHARO A. MYERS Change MAddition
NAME	BIRNKRANT, SALLY J		1.2 NAME	$> \! < \! <$	Track
STREET ADDRESS	1025 POMELO AVE.		1.3 STREE	T ADDRESS	Jose Domelo Ave
CTTY-ST-ZIP	SARASOTA FL		1.4 CITY-S		SANASOTA, FL 34236
TITLE	0,00,00,00	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		-	2.2 NAME		e e e e e e e e e e e e e e e e e e e
STREET ADDRESS			2.3 STREE	T ADDRESS	
f	r		2. 4 CiTY-5		· ·
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	J. 1.	☐ Change ☐ Addition
NAME		<u>-</u>	3.2 NAME	}	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			T ADDRESS	
STREET ADDRESS			3.4. CITY-5	į.	
CITY-ST-ZIP		☐ DELETE	4,1 TITLE	51-2IF	☐ Change ☐ Addition
NAME			4.2 NAME	ļ	_ , _
				T ADDRESS	
STREET ADDRESS					•
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	☐ Change ☐ Addition
TITLE			5.1 HILE 5.2 NAME		T 21181 AT THE PARTY OF THE PAR
NAME				TADDOESS	·
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		□ BELETE	5.4 CITY-S 6.1 TITLE	55-ZIP	☐ Change ☐ Addition
) TITLE		☐ DELETE	62 NAME		☐ Change ☐ Addison
) braker	Y		■ o / NAME		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90078 047 ***150.00

CR2E034 (11/98)