



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 509501 1. Entity Name THE CASTING DIRECTORS, INC.																																																																																																											
Principal Place of Business 7300 NE 4TH COURT MIAMI FL 33138 US			Mailing Address 7300 NE 4TH COURT MIAMI FL 33138 US																																																																																																								
2. Principal Place of Business		3. Mailing Address																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																									
City & State		City & State																																																																																																									
Zip	Country	Zip	Country	4. FEI Number 59-1680742 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>																																																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																							
MILLER, DEE 14243 MEMORIAL HIGHWAY NORTH MIAMI FL 33161				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>																																																																																																											
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"> PDVS <input type="checkbox"/> Delete MILLER, DEE 14243 MEMORIAL HWY NORTH MIAMI FL 33161 </td> <td style="width: 30%; padding: 5px;"></td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000216347 02/05/05-80044-005 158.75 </td> <td style="width: 30%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PDVS <input type="checkbox"/> Delete MILLER, DEE 14243 MEMORIAL HWY NORTH MIAMI FL 33161		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000216347 02/05/05-80044-005 158.75		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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)(f), 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: Dee Miller **DEE MILLER** 2/2/05 305/757-6055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #