~2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 509501

1. Entity Name

THE CASTING DIRECTORS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90084 043 ***158.75

						A SWEETER	/				
Principal Place of Business 742 NE 125TH STREET NORTH MIAMI FL 33161 US			742 N	Mailing Address 742 NE 125TH STREET NORTH MIAMI FL 33161 US							
2. Principal	Place of Busine	3. Mai	3. Mailing Address						il diam alon ă		
Suite, Apt	t. #, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE	IF MAKING	CHANGES	;	
City & Sta	ate	City	City & State				4. FEI Number 59-1680742 Applied For Not Applicable				
Zip	Zip Country			Zip Countr			5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
• • •	and Address of C	urrent Registere		-	7.	Name and Address of New	Registered A	gent			
						Name					
MILLER, C	DEE		Street Addres			ss (PO A	(P.O. Box Number is Not Acceptable)				
14243 MEMORIAL HIGHWAY							30 (1.0. (Box (Valification Not Acceptable	c)		
NORTH MIAMI FL 33161								***************************************			
									FL	Zip Cod	le
8. The above	e named entity	submits this stater	nent for the purp	ose of changing it	s registere	d office or regis	stered ag	gent, or both, in the State of FI	orida. I am f	 amiliar with,	and accept
the obliga	itions of registe	red agent.					-			·	1
SIGNATURE		printed name of registers	ed agent and title if app	licable. (NO	TE: Registered	Agent signature requ	uired when r	reinstating)	DATE		
		FEE IS \$150.0						9. Election Campaign Fi	nonaina	ee o	
		Fee will be \$55						Trust Fund Contribution			May Be
Make Check Payable to Florida Department of State										11000	10.000
10.		OFFICERS	S AND DIRECTO	RS	11.		AC	ODITIONS/CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
	PDVS	_		☐ Delete	TITLE					Change	☐ Addition
	MILLER, DEI				NAME	l l					
	14243 MEMONORTH MIA					T ADDRESS ST-ZIP					
	TONIT MIA	MI FL 33101						<u></u>			
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	 		·			ST-ZIP					
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS					NAME	F ADDRESS					
CITY-ST-ZIP					CITY-	l l					
12. I hereby 0	ertify that the i	nformation supplie	d with this filing (does not qualify fo			Section	119.07(3)(i). Florida Statutes	I further certi	that the in	formation

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:

WIND O DEE GNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR