

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 PM 12:07

DOCUMENT # J83279 (6)

1. Corporation Name

DISCOVERY TALENT AGENCY, INC.

Principal Place of Business

P. O. BOX 39884
FT. LAUDERDALE FL 33399

Mailing Address

P. O. BOX 39884
FT. LAUDERDALE FL 33399

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1987

3a. Date of Last Report

06/15/1994

2. Principal Place of Business

2a. Mailing Address

21 2025 E. SUMMER RD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 LAUGHTHOUSE POINT

28

Zip

Country

Zip

Country

24 33044

25 BROWARD

29

30

4. FEI Number

65-0003054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAPIRO, ALLEN
3624 NE 22ND AVENUE, #3
FORT LAUDERDALE FL 33308

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

2025 E SUMMER RD

B3

B4 City

LAUGHTHOUSE POINT FL

B5

Zip Code

33044

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

Allen Shapiro

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME SHAPIRO, ALLEN
STREET ADDRESS 3624 N.E. 22ND AVE. #3
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S
NAME SHAPIRO, ALLEN
STREET ADDRESS 3624 NE 22ND AVE. #3
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Allen Shapiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-95

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