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

APPROVED AND FILED
95 MAY -1 AM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55901 (8)

1. Corporation Name

SUSANNE HALEY TALENT AGENCY, INC.

Principal Place of Business	Mailing Address
618 WYMORE ROAD SUITE 2 WINTER PARK FL 32789	618 WYMORE ROAD SUITE 2 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1989
3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-2910392 — Applied For / Not Applicable

2. Principal Place of Business — 21, Suite, Apt. # etc. 22, City & State 23, Zip 24, Country 25
2a. Mailing Address — 26, Suite, Apt. # etc. 27, City & State 28, Zip 29, Country 30

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

BRUMBELLOW, SUSANNE HALEY
113 WIMBELDON CIRCLE
#200
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	T ☒ Change ☐ Addition
NAME	BRUMBELOW, SUSANNE HALEY	NAME	GITTENS, HELEN MARY
STREET ADDRESS	113 WIMBLEDON CIRCLE	STREET ADDRESS	369 SHADOWBAY BLVD (PLEASE DELETE)
CITY-ST-ZIP	HEATHROW FL	CITY-ST-ZIP	LONGWOOD, FL
TITLE	T	TITLE	P/V/T/S/D/C/M/TR ☐ Change ☒ Addition
NAME	GITTENS, HELEN MARY	NAME	BRUMBELOW, SUSANNE HALEY
STREET ADDRESS	369 SHADOWBAY BLVD. N	STREET ADDRESS	113 WIMBLEDON CIR
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	HEATHROW, FL
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 119.07(1)(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.

SIGNATURE: Susanne Haley Brumbelow — Susanne Haley Brumbelow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-26-95 Daytime Phone #: 407-644-0600

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