2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State
05-02-2003 90584 013 ****50.00

DOCUMENT # L02000006276

1. Entity Name
INTERNATIONAL TALENT, LLC

Principal Place of Business	Mailing Address
1900 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	1900 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2455 E. Sunrise Blvd	Same
Suite, Apt. #, etc. 807	Suite, Apt. #, etc.
City & State FT. Lauderdale	City & State
Zip 33304 Country U.S.A	Zip Country

4. FEI Number 04-3690382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOYLE, BERNARD T ESQ.	Name LARRY BEHAR
BENSON, MOYLE & MUCCI, LLP	Street Address (P.O. Box Number is Not Acceptable) LARRY I. BEHAR, P.A.
ONE FINANCIAL PLAZA, STE. 1600	888 S.E. THIRD AVE., STE. 400
FORT LAUDERDALE FL 33394	FT. LAUDERDALE, FL 33316
	City TEL: (954) 524-8888, FX: (954) 524-0088 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 X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAMIAN O'CONNOR		NAME		
STREET ADDRESS	2455 E SUNRISE BLVD #807		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SUZY O'CONNOR		NAME		
STREET ADDRESS	2455 E SUNRISE BLVD #807		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED [signature] 4.24.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)