FILED
Sep 11, 2007 8:00 am
Secretary of State

06-22-2007 90078 001 ***150.00
06-22-2007 90078 002 *****8.75
09-11-2007 90005 044 ***391.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055977

1. Entity Name
VF Events & Talent, INC,

40132007

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
140 S. Atlantic Ave	Same
Suite, Apt. #, etc. STE FL	Suite, Apt. #, etc.
City & State Ormond Beach	City & State
Zip FL 32174 Country USA	Zip / Country

4. FEI Number 59-3668039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Vicki Foley

Street Address (P.O. Box Number is Not Acceptable): 140 S. Atlantic Ave - Ste A

City: Ormond Beach FL Zip Code: 32174

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: Vicki Foley (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required on this report.) DATE: June 19-07

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicki Foley 11 River Ridge Trail Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Vicki Foley June 19-07 386-676-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #