

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90310 031 \*\*\*550.00

DOCUMENT # P01006067541

1. Entity Name  
Talk Easy, Inc.

**DO NOT WRITE IN THIS SPACE**

118810

2. Principal Place of Business <u>16900 North Bay Road</u> Suite, Apt. #, etc. <u>Apt. 1814</u> City & State <u>Sunny Isles, FL.</u> Zip <u>33160</u> Country <u>USA</u>		3. Mailing Address <u>16900 North Bay Road</u> Suite, Apt. #, etc. <u>Apt. 1814</u> City & State <u>Sunny Isles, FL.</u> Zip <u>33160</u> Country <u>USA</u>	
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4. FEI Number <u>65-1070894</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of Current Registered Agent

Name David Finer  
Street Address (P.O. Box Number is Not Acceptable) 16900 North Bay Road  
Apt. 1814  
City Sunny Isles, FL Zip Code 33160

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.

SIGNATURE [Signature] DATE 6/24/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<p>January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P/T/S/D David Finer 16900 North Bay Road, Apt. 1814 Sunny Isles, FL. 33160</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 6/24/02 DAYTIME PHONE 305-945-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)