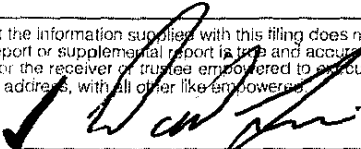


FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90303 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P01000007541</u>			
1. Entity Name <u>Talk Easy, Inc.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>17555 Collins Avenue</u> Suite, Apt. #, etc. <u>UPH #4</u> City & State <u>Sunny Isles, FL</u> Zip <u>33160</u> Country <u>U.S.A.</u>		3. Mailing Address <u>17555 Collins Avenue</u> Suite, Apt. #, etc. <u>UPH #4</u> City & State <u>Sunny Isles, FL</u> Zip <u>33160</u> Country <u>U.S.A.</u>	
		4. FEI Number <u>65-1070894</u>	
		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 <u>David Finer</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>17555 Collins Avenue</u> <u>UPH #4</u>	
		City <u>Sunny Isles</u> FL Zip Code <u>33160</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	<u>P/T/S/D</u> <u>DAVID FINER</u> <u>17555 Collins Avenue, UPH #4</u> <u>Sunny Isles, FL. 33160</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 empowerments.			
SIGNATURE: 		Date <u>1/27/03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)