2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P01000077110 BIG TALENT AGENCY, INC. 37 OCT 12 AM 10: 34 Principal Place of Business Mailing Address 3400 CORAL WAY 3400 CORAL WAY SUITE 400 SUITE 400 MIAMI, FL 33145 MIAMI, FL 33145 05062007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1127551 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINSON, GEOFFREY K ESQ. DO NOT WRITE 1215 EAST BROWARD BLVD SUITE 200 IN THIS SPACE FORT LAUDERDALE, FL 33301 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 000110736080 10/12/07--01053--012 **150,00 the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS RODRIGUEZ, PHIL NAME 3400 CORAL WAY, SUITE 400 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE DITY-ST-7IP TITLE IN THIS SPACE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TIDE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 Block 11 if changed, or on an attachment with an address, with all otips fike empowered.

SIGNATURE:

CITY-51-7P

NAME OF SIGNING OFFICER OR DIRECTOR

15/200

305)441-7686