Y-. 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE: 2

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # P03000057951 04-05-2006 90135 050 ***150.00 1. Entity Name ARK TALENT & MODEL AGENCY, INC. Principal Place of Business Mailing Address 251 W PROSPECT RD DAVID MARMOR FT LAUDERDALE, FL 33309 P 0 BOX 792 HALLANDALE, FL 33008 2. Principal Place of Business 3. Mailing Address 1030 S. Redoral 02212006 CR2E034 (11/05) Chg-P Applied For 4, FEI Number 72-1563938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired alm Beac Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Dener MARMOR, DAVID Street Address (P.O. Box Number is Not Acceptable) 251 W PROSPECT ROAD FT LAUDERDALE, FL 33309 8. The above named entity submits this statement for the purpose of changing its registered office or register 🖬 agent, or both, in the State of Florida. 🗄 am famili the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TOTLE TITLE Delete MARMOR, DAVID NAME HAME #100 B STREET ADDRESS 251 W PROSPECT RD STREET ADDRESS CHY-ST-7IP FT LAUDERDALE, FL 33309 CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Delete HITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Defete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 other like empowered.

FILED