2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091578

O'CONNOR, S

5646 BLUE SHADOWS COURT

ORLANDO, FL 32811

Name:

Address:

City-St-Zip:

FILED May 01, 2004 Secretary of State

Entity Na	me: THE TAL	ENT CONNECTION USA, INC) .				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	E SHADOWS (), FL 32811	COURT					
Current Mailing Address:			New Mailing Address:				
	E SHADOWS (), FL 32811	COURT					
FEI Number	: 26-0069464	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Des	sired()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
5646 BLUE	IZZO, ANGELO E SHADOWS (), FL 32811						
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered of	fice or registered ager	nt, or both,	
SIGNATU	RE:						
	Electror	ic Signature of Registered Ag	ent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	O'CONNOR, S	Delete ADOWS COURT 32811	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VP () CASCIORIZZO 114 DORCHES LAKE MARY, F	TOR SQUARE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VP () DANNIC, BRYA 1645 SLASH P OVIEDO, FL 3	NE PLACE	Title: Name: Address: City-St-Zip:	VP (X) RAMOS, JORGE 9451 DEARMON ORLANDO, FL	IT AVE		
Title:	S,T ()	Delete	Title:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANGELO CASCIORIZZO VΡ 05/01/2004