

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90051 033 ***150.00

DOCUMENT # P03000099855

1. Entity Name

BIG TIME DESIGN, INC.



Principal Place of Business

**260 95TH ST.
SURFSIDE FL 33154**

Mailing Address

**260 95TH ST.
SURFSIDE FL 33154**

00010618



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1111 KANE CONCOURSE

3. Mailing Address

SAME

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

SAME

City & State

Bay Harbor Isl FL

City & State

SAME

Zip

33154

Country

USA

Zip

SAME

Country

SAME

4. FEI Number

56-2436537

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**TELESCO, THOMAS J
260 95TH ST.
SURFSIDE FL 33154**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1111 KANE CONCOURSE #301

City

Bay Harbor Isl FL

State

FL

Zip Code

33154

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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 **D** ☐ Delete
NAME **TELESCO, THOMAS J**
STREET ADDRESS **260 95TH ST.**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **D** ☐ Delete
NAME **FORTIS, CALLIN**
STREET ADDRESS **260 95TH ST.**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1111 KANE CONCOURSE #301**
CITY-ST-ZIP **Bay Harbor Isl FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1111 KANE CONCOURSE #301**
CITY-ST-ZIP **Bay Harbor Isl FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05 (305) 866-1014