

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058305

1. Corporation Name

Talkhouse Presents, Inc.

Principal Place of Business

Mailing Address

P.O. Box 191734
Miami Beach, FL 33119

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 191734
Suite, Apt. #, etc.

26 P.O. Box 191734
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami Beach, FL

28 Miami Beach, FL

24 Zip

Country

29 Zip

Country

33119

USA

33119

USA

9. Name and Address of Current Registered Agent

Loren Gallo
800 West Ave # PH-12
Miami Beach, FL 33139

81 Name

Loren Gallo

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

800 West Ave # PH-12

83

84 City

Miami Beach

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when requested)

(SEE)

12. OFFICERS AND DIRECTORS

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	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	[] Change	[] Addition
12 NAME	Loren Gallo		
13 STREET ADDRESS	800 West Ave # PH-12		
14 CITY-ST-ZIP	Miami Beach, FL 33139		
21 TITLE		[] Change	[] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[] Change	[] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[] Change	[] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[] Change	[] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 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

3-14-99

305-531-7624

Dr.

Dr. H. H. H.

FILED

99 MAR 17 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-26-95

4. FEI Number

65-0603024

Applied For
Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

[] Yes

[] No

10. Name and Address of New Registered Agent

CR2E034 (1/98)