2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017546 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name VISUAL COORDINATIONS BY CAROLE TALBOTT, INC. 04-18-2000 90155 050 ***150.00 Principal Place of Business Mailing Address 2341 HOLLYWOOD BLVD " 2341 HOLLYWOOD BLVD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0652445 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent arole lalbott VISUAL COORDINATION BY C TALBOT, INC Street Address (P.O. Box Number is Not Acceptable) 2006 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 Stuart 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 Julbott Carole Talbott, President FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **X** Addition TITLE ☐ Delete TITLE ☐ Change NAME TALBOTT, CAROLE STREET ADDRESS STREET ADDRESS 2341 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIE HOLLYWOOD FL 33020 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 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

4-12-00

(561) 220-8144

Daytime f