

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # P96000079311 (2)

1. Corporation Name

CASTING COUCH PRODUCTIONS, INC.



Principal Place of Business

151 N. HIBISCUS DRIVE  
MIAMI BEACH FL 33139

Mailing Address

151 N. HIBISCUS DRIVE  
MIAMI BEACH FL 33139-5119

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0737565

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, FRED A  
151 N. HIBISCUS DRIVE  
MIAMI BEACH FL 33139

81 Name

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

83

84 City

FL 85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                 |  |
|---------------------|---------------------------------|--|
| 1.1 TITLE           | PRESIDENT                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | DAVID B. SCHWARTZ               |  |
| 1.3 STREET ADDRESS  | 151 N. HIBISCUS DRIVE           |  |
| 1.4 CITY - ST - ZIP | MIAMI BEACH, FL 33139-5119      |  |
| 2.1 TITLE           | VICE-PRESIDENT                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | KEITH TRALINS                   |  |
| 2.3 STREET ADDRESS  | 20291 G. Country Club Dr. # 503 |  |
| 2.4 CITY - ST - ZIP | NMB FL 33180                    |  |
| 3.1 TITLE           | SECRETARY                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | KEITH TRALINS                   |  |
| 3.3 STREET ADDRESS  | 20291 E. Country Club Dr. #503  |  |
| 3.4 CITY - ST - ZIP | NMB FL 33180                    |  |
| 4.1 TITLE           | TREASURER                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            | David B. Schwartz               |  |
| 4.3 STREET ADDRESS  | 151 N. Hibiscus Drive           |  |
| 4.4 CITY - ST - ZIP | Miami Beach FL 33139-5119       |  |
| 5.1 TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                 |  |
| 5.3 STREET ADDRESS  |                                 |  |
| 5.4 CITY - ST - ZIP |                                 |  |
| 6.1 TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                 |  |
| 6.3 STREET ADDRESS  |                                 |  |
| 6.4 CITY - ST - ZIP |                                 |  |

14. I do 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.

SIGNATURE:

DAVID B. SCHWARTZ

4-17-97

305-673-0904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)