

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90007 047 ***150.00

DOCUMENT # P96000079311

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **521 SW 15 ST**

Suite, Apt. #, etc.

22

City & State

23 **BOCA RATON, FL**

Zip

24 **33432**

Country

2a. Mailing Address

26 **521 SW 15 ST**

Suite, Apt. #, etc.

27

City & State

28 **BOCA RATON, FL**

Zip

29 **33432**

Country

3. Date Incorporated or Qualified

09/23/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
SCHWARTZ, FRED A.

82 Street Address (P.O. Box Number is Not Acceptable)
521 SW 15 ST

83

84 City
BOCA RATON

FL

85 Zip Code
33432

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME
SCHWARTZ, DAVID B
STREET ADDRESS
151 N. HIBISCUS DRIVE
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE **VP** ☐ DELETE

NAME
TRALINS, KEITH
STREET ADDRESS
120281 E. COUNTRY CLUB DR. #503
CITY-ST-ZIP
NMB FL 33180

TITLE **S** ☐ DELETE

NAME
TRALINS, KEITH
STREET ADDRESS
20281 E. COUNTRY CLUB DR. #503
CITY-ST-ZIP
NMB FL 33180

TITLE **T** ☐ DELETE

NAME
SCHWARTZ, DAVID
STREET ADDRESS
151 N. HIBISCUS DRIVE
CITY-ST-ZIP
MIAMI BEACH FL 33139

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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

4.30.99

Date

305-673-0904

Daytime Phone #

CR2E034 (1/98)

0207326