1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700024078

1. Corporation Name

CASTING COUCH FILMS, INC.

Principal	Place	of	Business	

Mailing Address

151 NORTH HIBISCUS DRIVE MIAMI BEACH FL 33139

151 NORTH HIBISCUS DRIVE MIAMI BEACH FL 33139

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

05-07-1999 90007 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					03/11/1997				
2. Principal P	ace of Business	2a. Mailing Address	•		4. FEI Number	Ap	plied For		
21 SZ 1	5W 15 ST	26 521 SW 1	2 2	Τ	65-0759301	No	t Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75			
22		27			5. Certificate of Status Desired	Fee Re	quired		
City & State	9	City & State	•	~~ ,	6. Election Campaign Financing	\$5.00	May Be		
23 BO CD	ROTON	28 BOCA - RATO!	<u> </u>		Trust Fund Contribution	Added t	o Fees		
Zip	Country	Zip	Country	•	8. This corporation owes the current ye		_		
24 (25) 3	3432 25	29 33432 30	<u> </u>		Personal Property Tax.	☐ Yes	□No		
	9. Name and Address of Current	Registered Agent		ι	10. Name and Address of New Regis	tered Agent			
0011	WINDS FORD A		81	Name Frub	A, SCHWANTZ				
SCHWARTZ, FRED A				82 Street Address (P.O. Box Number is Not Acceptable)					
	NORTH HIBISCUS DRIVE			521 SW 12 21					
MIAM	MI BEACH FL 33139		83						
			84	City		85 Zig (	Code		
				ROLA	ROTON	FL   33	452		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	orized by	the corporation	poration submits this statement for the purpoon's board of directors. I hereby accept the	ose of changing its appointment as re	registered gistered		
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	nt signature require	The strict of th	ATE			
12.	, OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE				
TITLE	P	☐ ĐELETE	1.1 TITLE			☐ Change	☐ Addition		
NAME	SCHWARTZ, DAVID B		1.2 NAME						
STREET ADDRESS	151 N HIBISCUS DRIVE		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-S	T-ZIP					
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME	FRALINS, KEITH		2.2 NAME						
STREET ADDRESS	20281 E COUNTRY CLUB DRIVI		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	N MIAMI BCH FL 33180	•	2. 4 CITY-S	ST-ZIP					
TITLE	S	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition		
NAME	-FRALINS, KEITH		3.2 NAME						
STREET ADDRESS	20281 E COUNTRY CLUB DRIVI		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	N MIAMI BCH FL 33180	=	3.4. CITY-5	ST-ZIP					
TITLE	T	☐ DELETE	4.1 TITLE			☐ Change	Addition		
NAME	SCHWARTZ, DAVID B		4. 2 NAME						
STREET ADDRESS	151 N HIBISCUS DRIVE		4.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI BCH FL 33139		4.4 CITY-S				ĺ		
TITLE	IN UNI DOTT I C GOTGO	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition		
NAME		<del></del>	5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
			5,4 CITY-S						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition		
			6.2 NAME						
NAME				T ADDRESS					
STREET ADDRESS			6.4 CITY-S				İ		
CITY OF TIP			= U.Y UNIT-D	1 -11					

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 suppliemental 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: