2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State P99000023540 DOCUMENT # 1. Entity Name TALENT & ENTERTAINMENT ASSOCIATES INC. 04-02-2002 90899 003 ***150.00 Principal Place of Business Mailing Address P.O. BOX 223336 P.O. BOX 223336 HOLLYWOOD FL 33022-3336 HOLLYWOOD FL 33022-3336 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0917900 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NELSON, LINDA L Street Address (P.O. Box Number is Not Acceptable) 2312 1/2 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10.-Election-Campaign-Financing-**\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PTSD TITLE <u>C</u>hange ☐ Addition ☐ Delete ヘエア NAME NELSON, LINDA-LOU NAME Welson , L 2312 1/2 HOLLYWOOD BLVD STREET: ADDRESS STREET ADDRESS 2312 1/2 Hollywood CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP Hollywood TITLE : 15 TO C Delete TITLE 3555 NAME NAME ESTRUCIO SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 to the corporation or the receiver or bastee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if the corporation or an artist changed, or on an attachment with an address; with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR