


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90009 008 ***150.00

| | |
|---|---|
| DOCUMENT # P99000023540 |  |
| 1. Entity Name TALENT & ENTERTAINMENT ASSOCIATES INC. | |

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| Principal Place of Business P.O. BOX 223336 HOLLYWOOD, FL 33022-3336 | Mailing Address P.O. BOX 223336 HOLLYWOOD, FL 33022-3336 |
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|---|---|
| 2. Principal Place of Business POB 398556 | 3. Mailing Address POB 398556 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------------|---------------------------------------|
| City & State Miami Beach FL | City & State Miami Beach FL |
| Zip 33239 | Zip 33239 |
| Country USA | Country USA |

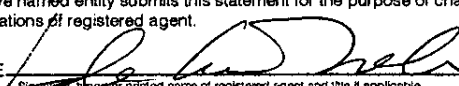


02162004 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent NELSON, LINDA L 2312 1/2 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 | |
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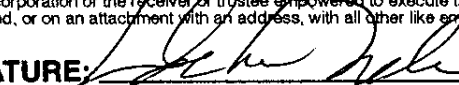
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|---|--|
| 4. FEI Number 65-0917900 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 7. Name and Address of New Registered Agent | |
| Name LINDA LOU NELSON | |
| Street Address (P.O. Box Number is Not Acceptable) 640 6th St | |
| City Miami Beach FL | Zip Code 33139 |

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| 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 2/16/04 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE VTD | <input type="checkbox"/> Delete | TITLE VTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME NELSON, LINDA-LOU | | NAME LINDA LOU NELSON | |
| STREET ADDRESS 2312 1/2 HOLLYWOOD BLVD | | STREET ADDRESS 640 6th St | |
| CITY-ST-ZIP HOLLYWOOD, FL 33020 | | CITY-ST-ZIP Miami Beach FL 33139 | |
| TITLE PSD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CONLEY, CARLA | | NAME | |
| STREET ADDRESS 121 SANDPIPER AVE | | STREET ADDRESS | |
| CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
| SIGNATURE  | DATE 2/16/04 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |
| Daytime Phone # 305 5356339 | |

DO # 0501