

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90003 018 \*\*\*150.00

**DOCUMENT # P99000035923**

1. Entity Name  
**TALENT II, INC.**



Principal Place of Business  
**2000 UNIVERSAL STUDIOS PLAZA  
SUITE 604  
ORLANDO, FL 32819**

Mailing Address  
**2000 UNIVERSAL STUDIOS PLAZA  
SUITE 604  
ORLANDO, FL 32819**

**54071032**



08092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3570164**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**O'TOOLE, SANDRA  
4873 QUIET OAK LANE  
ORLANDO, FL 32819**

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: *[Signature]*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**08/09/04**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RUGERIO, KAREN J
STREET ADDRESS	5754 STARBRIGHT DRIVE <b>6654 Winder Oaks Blvd.</b>
CITY-ST-ZIP	ORLANDO, FL <del>32839</del> <b>32819</b>
TITLE	S
NAME	GARBUS, SUSAN
STREET ADDRESS	14718 ASTINA WAY
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	T
NAME	O'TOOLE, SANDRA
STREET ADDRESS	4873 QUIET OAK LANE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/09/04** **407**  
**224-4242**

Date

Daytime Phone #