

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90273 041 ***150.00

DOCUMENT # P97000033106

1. Entity Name
GOLD COAST TALENT AGENCY, INC.

Principal Place of Business Mailing Address
12798 WEST FOREST HILL BLVD. **12798 WEST FOREST HILL BLVD.**
WELLINGTON FL 33414 **WELLINGTON FL 33414**

0065360

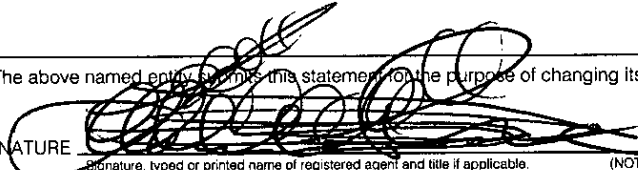
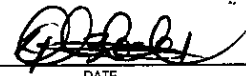


DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0743651 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| DIMARTINO, SAL 1119 WATERWAY VILLAGE CT. WEST PALM BEACH FL 33413 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | 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  DATE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIMARTINO, SAL | NAME | |
| STREET ADDRESS | 1119 WATERWAY VILLAGE CT. | STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL 33413 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PESCE, LAWRENCE | NAME | |
| STREET ADDRESS | 2101 VINING CIR. | STREET ADDRESS | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | 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 | |

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **X 253-3113**
Date Daytime Phone #

CR2E034 (10/00)