

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90406 011 \*\*\*150.00

DOCUMENT # P00000094275

1. Entity Name

TALENTSTREAM, INC.

Principal Place of Business

Mailing Address

200 SOUTH BISCAYNE BLVD. #4600  
MIAMI FL 33131

200 SOUTH BISCAYNE BLVD. #4600  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

200 South Biscayne Blvd.  
Suite, Apt. #, etc.

200 South Biscayne Blvd.  
Suite, Apt. #, etc.

# 5120

# 5120

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33131

U.S.A.

33131

U.S.A.

4. FEI Number

65-1049938

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIROTA, GEORGE G  
200 SOUTH BISCAYNE BLVD. #4600  
MIAMI FL 33131

Name SIROTA, GEORGE G.

Street Address (P.O. Box Number is Not Acceptable)  
200 South Biscayne Blvd #5120

N

City Miami

FL

Zip Code 33131

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(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. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME SIROTA, GEORGE G  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD. #4600  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE D  
NAME SIROTA, GEORGE G. ☒ Change ☐ Addition  
STREET ADDRESS 200 South Biscayne Blvd #5120  
CITY-ST-ZIP Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/01

Date

305-373-1995

Daytime Phone #

CR2E034 (10/00)