


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000076979		
1. Entity Name TALENT MANAGEMENT GROUP, INC.		

FILED
04 OCT 22 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Principal Place of Business 420 LINCOLN RD 446 MIAMI BEACH, FL 33139	Mailing Address 420 LINCOLN RD 446 MIAMI BEACH, FL 33139
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-1638806		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

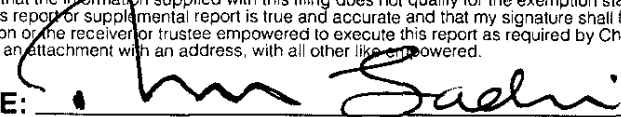
6. Name and Address of Current Registered Agent SADRI, PAOLO 1504 BAY ROAD #1617 C MIAMI BEACH, FL 33139	
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7. Name and Address of New Registered Agent Name PAOLO SADRI Street Address (P.O. Box Number is Not Acceptable) 420 LINCOLN ROAD, SUITE 446 City 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 10-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SADRI, PAOLO 1504 BAY ROAD #1617 C MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 10-20-04 (305) 532 7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

TMG

Entertainment

Beverly Hills . Miami

Wednesday, October 20, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL, 32399

RE: TALENT MANAGEMENT GROUP – Document # P02000076979

Dear Sirs,

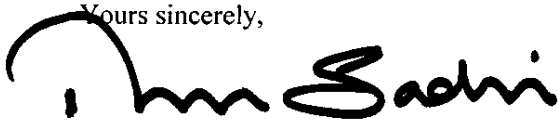
We filed our annual 2004 report six weeks ago via U.S. mail. Today we received a Notice of Dissolution in the mail.

We hereby in this letter request that you reinstate our status and kindly waive the fee due to the fact that we did file in time.

Please find enclosed a check for \$150 for the annual report.

Many Thanks in advance for your assistance in this matter

Yours sincerely,



Paolo Sadri