

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90087-017-\$150.00-\$150.00

FILED

03 SEP 22 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000076979

1. Entity Name

TALENT MANAGEMENT GROUP, INC.



Principal Place of Business

1330 W AVE #3206
MIAMI BEACH FL 33139

Mailing Address

1330 W AVE #3206
MIAMI BEACH FL 33139

2. Principal Place of Business

420 Lincoln Rd.
Suite, Apt. #, etc.
446

3. Mailing Address

420 Lincoln Rd.
Suite, Apt. #, etc.
446

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

06-1638806

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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

SADRI, PAOLO
1330 W AVE #3206
MIAMI BEACH FL 33139

Name Paolo Sadri

Street Address (P.O. Box Number is Not Acceptable)

1504 Bay Road - #1617 C

City Miami Beach

FL

Zip Code

33139

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-2-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ 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:

Signature of Paolo Sadri

9-2-03

305-532-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Amendment

TMG

ENTERTAINMENT

90156134
P02000076979

September 8, 2003

Uniform Business Report Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

Enclosed, please find a check for the amount of \$150.00. We did not receive the application until last week, we believe, due to address change. Therefore, we request a courtesy to pay original amount in order to register.

Sincerely,



Paolo Sadri
President
Talent Management/ D.B.A. TMG