

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90950 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | |
|---|--|---|
| DOCUMENT # P39306 | |  |
| 1. Entity Name MODELS AND TALENT MANAGEMENT, INC. | | |
| Principal Place of Business 648 TRADE CENTER BLVD CHESTERFIELD, MO 63005 US | | Mailing Address 648 TRADE CENTER BLVD CHESTERFIELD, MO 63005 US |
| 2. Principal Place of Business | | 3. Mailing Address |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| City & State | | City & State |
| Zip | Country | 4. FEI Number 43-1608510 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required | | <input type="checkbox"/> CHECK HERE IF MAKING CHANGES |
| 6. Name and Address of Current Registered Agent | | |
| ROTH, PAULETTE S 8390 BAYMEADOWS RD. STE. 13 JACKSONVILLE, FL 32266 | | |
| 7. Name and Address of New Registered Agent | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reissuing.)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| NAME | STREET ADDRESS | CITY-ST-ZIP |
| CITY-ST-ZIP | CST GANS, JAMES S. 12747 OLIVE BLVD. STE. 214 ST. LOUIS, MO | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| NAME | STREET ADDRESS | CITY-ST-ZIP |
| CITY-ST-ZIP | P GANS, RICHARD 12747 OLIVE BLVD., STE. 214 ST. LOUIS, MO | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| NAME | STREET ADDRESS | CITY-ST-ZIP |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| NAME | STREET ADDRESS | CITY-ST-ZIP |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| NAME | STREET ADDRESS | CITY-ST-ZIP |
| CITY-ST-ZIP | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | CITY-ST-ZIP |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | CITY-ST-ZIP |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | CITY-ST-ZIP |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |
| Date 3/27/03 Daytime Phone # 636 537-4848 | | |

CRPEC034 (10/02)