## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037925  1. Entity Name  Corporate Talent Services.				SECRETARY OF STATE DIVISION OF CORPORATIONS	
Corpor	te Talent	Ine.	The state of the s	03 AUG -7 AM	8: <b>0</b> 0
and the second of the second o	NOT WRITE			5000223585 0 <b>X</b> 15/0301061032	65 **150.00
2. Principal Place of F	n, WI	3. Mailing Address 122/8 W	St. Marti	09 15/03 01061 032	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE MR	
Situation State MR/17		City & State I		4. FEI Number Applied For S9 - 318 5120 Not Applicable	
53/32	Milwanku	53732	Country SA-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent					d Agent
DO NOT WRITE Street Address (P.O. Be				PD- Re-Number is Not Acceptable)—	
IN THIS SPACE					
City / 1 / 1/2 / Date of a first force of a					
8. The above named shifty's "finite this statement for the purp " Lits resistance office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of soft soft soft soft soft soft soft					
SIGNATURE Signati: or printed name of registered stille accuse the accust and Agent signature required when reinstating)  129/03  DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550,00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.  C	\$5.00 May Be Added to Fees
10.	OFFICERS AND D				
NAME DR	members Lov Esight 218W.St.M	antine Ad	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	enKlin,	1117 83132	STREET ADDRESS CITY-ST-7IP		
TITLE DI	TOOM	<del>204</del> 30.72	TITLE		
NAME STREET ADDRESS	ITIOICING		NAME Street Address		A STATE OF THE STA
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		,	TITLE	and office the following of the control of the cont	
STREET ADDRESS  CITY-ST-ZIP		-	STREET ADDRESS	DO NOT WRI	TE
TITLE		<del></del>	TITLE	IN THIS SPACE	AND THE STATE OF T
NAME STREET ADDRESS			NAME STREET ADDRESS	IN ITIO SPA	UE
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME			TITLE		
STREET ADDRESS			STREET ADDRESS		
TITLE			CITY-ST-ZIP		
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP	-200		STREET ADDRESS 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of the section 119.07(3)(ii), Florida Statutes. I further certification of the section 119.07(3)(ii), Florida Statutes. I further certification indicated on this report of the section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes in Section 119.07(3)(iii), Florida Statutes					
SIGNATURE: 4 Mmazne 1. Lovelin 7/28/03 414-425-4878					

SIGNATURE AND TYPED OR PRINTERINAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

July 29, 2003

Division of Corporations To Whom It May Concern: P. O. Box 6327 Tallahassee, FL. 32314

## Dear Sir or Madam:

I recently contacted your office because I was concerned that I did not receive a 2003 bill for my annual fees. I moved to Milwaukee, Wisconsin area in August of 2003 (due to marriage) and had forwarding service on my address. Unfortunately, anything you sent was apparently not forwarded because I did a corporate name changes back in September. I notified them of the new address – but evidently, the change was not recorded.

I just received last week a late notice sent to a Florida address and then forwarded by the address holder to me in Wisconsin. I am requesting a waiver of the penalties due to the circumstances creating the delay in getting the notice and the correct form.

Enclosed in the annual fee of \$150.00, along with the updated paperwork (UBR).

Charmagne A. Loveless

President

CORPORATE TALENT

SERVICES, INC.

12218 W. Saint Martins Rd. Franklin, WI. 53132