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Secretary of State

03-10-1999 90146 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000092599			
1. Corporation Name IMAGE MODEL & TALENT AGENCY, INC.			
Principal Place of Business 420 LINCOLN ROAD STE. 207 MIAMI BEACH FL 33139		Mailing Address 2213 E ATLANTIC BLVD POMPANO BEACH FL 33062 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		3. Date Incorporated or Qualified 12/18/1994 4. FEI Number 65-0561173 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Certificate Filing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year intangible Personal Property Tax ☐ Yes ☒ No	
25 Name and Address of Current Registered Agent BABK, JERRY 420 LINCOLN ROAD STE. 207 MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Applicable) 83 84 City 85 FL 86 Zip Code	
11. Pursuant to the provisions of Sections 807.0502 and 807.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 807.0603, Florida Statutes.			
SIGNATURE <i>[Signature]</i> DATE 3/28/99			
12. OFFICERS AND DIRECTORS (NOTE: Highlighted Agent names to be listed when replacing)			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		1.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> 205-581-9096			

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