


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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90171 025 \*\*\*150.00

<b>DOCUMENT #</b> 158123	
<b>1. Entity Name</b> TALENT CONCEPTS, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 15111 SOUTHFORK DR.		<b>3. Mailing Address</b> JAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> TAMPA FL		<b>City &amp; State</b>	
<b>Zip</b> 33624	<b>Country</b> HILLSBOROUGH	<b>Zip</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 59-3141878		<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
	<b>7. Name and Address of Current Registered Agent</b>		
	<b>Name</b> SUE C. MILLER <b>Street Address (P.O. Box Number is Not Acceptable)</b> 15111 SOUTHFORK DR. <b>City</b> TAMPA <b>FL</b> <b>Zip Code</b> 33624		

**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**

	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP SUE C. MILLER 15111 SOUTHFORK DR TAMPA, FL 33624	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV DOUGLAS P. MILLER 15111 SOUTHFORK DR. TAMPA, FL 33624	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	SUE C. MILLER	5/1/03	813-969-4479
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2034B (12/02)

the**Miller**agency  
talent, model and artist representation

Attachment LD# 158123  
80115953

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May 5, 2003

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

Re: Talent Concepts, Inc.  
d/b/a The Miller Agency

To Whom It May Concern:

I have not received my 2003 UBR Form through the mail. I contacted your office and was instructed to download the form and send a letter explaining my situation. Enclosed are my completed UBR form and my check in the amount of \$150.00.

Thank you.

Sincerely,



Sue C. Miller  
President

Enclosures