

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90105 032 \*\*\*\*61.25

**DOCUMENT # N00000007920**

1. Entity Name  
**KREAM PRODUCTIONS, INC.**

Principal Place of Business      Mailing Address  
**801 SOUTH KOTTLE CIRCLE**      **801 SOUTH KOTTLE CIRCLE**  
**DAYTONA BEACH FL 32114**      **DAYTONA BEACH FL 32114**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3690353**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAYES, EDWARD H JR.**  
**801 SOUTH KOTTLE CIRCLE**  
**DAYTONA BEACH FL 32114**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HAYES, EDWARD H JR.</b>	
STREET ADDRESS	<b>801 SOUTH KOTTLE CIRCLE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HAYES, JOERETHA S</b>	
STREET ADDRESS	<b>801 SOUTH KOTTLE CIRCLE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>CHARITY, LAVETA C</b>	
STREET ADDRESS	<b>801 SOUTH KOTTLE CIRCLE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>BM</b>	<input type="checkbox"/> Delete
NAME	<b>POWELL, HIRAM</b>	
STREET ADDRESS	<b>640 DR MERY M BETHUNE BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>BM</b>	<input type="checkbox"/> Delete
NAME	<b>WELCH, JOHNNIE</b>	
STREET ADDRESS	<b>2043 UNION STREET</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33712</b>	
TITLE	<b>BM</b>	<input type="checkbox"/> Delete
NAME	<b>WELCH, CONNIE</b>	
STREET ADDRESS	<b>2043 UNION STREET</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33712</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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 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 617, 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 lines empowered.

SIGNATURE: *Edward H. Hayes, Jr.*      **EDWARD H. HAYES, JR.**      4/27/02      386-253-6623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)