

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90717 025 ****61.25

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DOCUMENT # N00000007920

1. Entity Name
KREAM PRODUCTIONS, INC.



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

Mailing Address
**801 SOUTH KOTTLE CIRCLE
DAYTONA BEACH FL 32114**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number **59-3690353**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE:  **4/26/03** **386-253-6623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)