

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

DOCUMENT # N14000000488

1. Entity Name
NUMINOUS, INC.



02-21-2003 90240 027 ***150.00

Principal Place of Business
PO BOX 217
WINTER PARK FL 32790-0217

Mailing Address
PO BOX 217
WINTER PARK FL 32790-0217



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3693508

Applied For
 Not Applicable

5. Certificate of Status Desired

\$6.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREASMAN, CARL E JR
2013 KIMBRACE PLACE
WINTER PARK FL 32792

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D CREASMAN, CARL E JR 2013 KIMBRACE PLACE WINTER PARK FL 32792 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
000255842770

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D CREASMAN, KIM 2013 KIMBRACE PLACE WINTER PARK FL 32792 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D AEDO, JOHN 2832 REVERE COURT CASSELBERRY FL 32707 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D KUTCHER, CHRIS 1429 WHITEHALL BLVD WINTER SPRINGS FL 32708 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D PORTER, MATTHEW 2055 HILTON COURT CASSELBERRY FL 32707 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D Matthew Porter 2812 Revere Ct Casselberry, FL 32707 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

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 607, 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: SIGNATURE REQUIRED Carl E Creasman Jr 02/18/03 407-629-9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (10/02)