2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

SIGNATURE: _

P96000014300

1. Entity Name
DEMAND CREATION, INC.

FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90216 037 ***550.00

Signature Post Po	Principal Pla 1085 N.E. 8 MIAMI FL 33		Mailing Address 1085 N.E. 84 STREET MIAMI FL 33138			1 (6 1) 6 1 1 1 6 1 8 1 1 6 1 8 1 1 1 8 1 8 1 1 1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	164	381 85 141 88 44 1 83 1	
Salite, Apt. #, etc. Suite, Apt. #, etc. CD NOT WRITE IN THIS SPACE A SPACE COUNTY S. Cartificate of Status Desired Status Desir	2. Principal	Place of Business	3. Mailing Address						
A FEI Number 65-0638190 Applied	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPACE		
S. Certificate of Status Desired Sta	7	11	City & State		4.	FEI Number 65-0638190	——————————————————————————————————————	Applied For	
GREGORY, WILLIAM E ESQUIRE 901 PONCE DL LEON BLVD., 10TH FLOOR CORAL GABLES FL 33134 City FL Zip Code 6. 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 tramiliar with, and is the obligations of registered agent. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax liting requirement and elects to do so. Given Tax liting requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 11. OFFICERS AND DIRECTORS IN TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 11. OFFICERS AND DIRECTORS IN TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 11. OFFICERS AND DIRECTORS IN TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 14. ANAME 15. STREET ADDRESS 16. STREET AD		117- U.S.A.		Country	5.	Certificate of Status Desired	□ \$8.75 A	Not Applicable additional	
GREGORY, WILLIAM E ESQUIRE 901 PONCE DE LEON BLVD., 10TH FLOOR CORAL GABLES FL 33134 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and is the obligations of registered agent. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State TILE OPEICERS AND DIRECTORS TILE MAME OTN-SI-ZIP TILE OPEICE AUM FL STEET ADDRESS OTY-SI-ZIP TILE MAME STREET ADDRESS OTY-SI-ZIP TILE ORDERS OTY-SI-ZIP ORDERS OTY-SI-ZIP TILE ORDERS OTY-SI-ZIP ORDERS OTY-SI-ZIP TILE ORDERS OTY-SI-ZIP ORDERS OTY-		Name and Address of Current	Registered Agent		7.	Name and Address of New Re	gistered Agent	ied	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Sovener, typed or printed name of registered agent and stal a suplicable. P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME O'NEIL, KEVIN 1085 NE. 84 STREET O'NEIL, KEVIN INITE NAME O'NEIL, KEVIN INITE NAME STREET ADDRESS OITY-ST-2P TITLE NAME STREET AD	901 PON	CE DE LEON BLVD., 10TH FLOOR		<u>L</u>	e 				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DAYE		``		1					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME O'NEIL, KEVIN 1035 N.E. 84 STREET MIAMI FL 33138 O'Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change TITLE CHANGE TITLE CHANGE TITLE CHANGE TITLE CHANGE CHANGE TITLE CHA							da. I am familiar with	n, and accept	
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	NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not quarty for the exprension stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trusted empowered to execute the right in Asian years and that my name appears in Slock 11 or Block 11 or B	NAME Street address City-St-Zip		Delete	STREET ADDRESS CITY-SI-ZIP			- •	Addition	