

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90175 040 ***150.00

DOCUMENT # 288505

1. Entity Name

CREATIVE FILM & SOUND INC

Principal Place of Business

~~2014 CLEVELAND STREET~~
~~HOLLYWOOD FL 33020~~

Mailing Address

~~2014 CLEVELAND STREET~~
~~HOLLYWOOD FL 33020~~

714111

2. Principal Place of Business

2126 HOLLYWOOD BLVD

3. Mailing Address

2126 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD

City & State
HOLLYWOOD

4. FEI Number 59-1104282

Applied For
Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDLEY, IRVING

~~2014 CLEVELAND STREET~~
~~HOLLYWOOD FL 33020~~

Name

Street Address (P.O. Box Number is Not Acceptable)

2126 HOLLYWOOD BLVD

City
HOLLYWOOD

FL

Zip Code
33020

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RUDLEY, IRVING
STREET ADDRESS ~~2014 CLEVELAND STREET~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~

☐ Delete

TITLE
NAME
STREET ADDRESS 2126 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD, FL 33020

☒ Change ☐ Addition

TITLE S
NAME ~~RUDLEY, ANA~~
STREET ADDRESS ~~2014 CLEVELAND STREET~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)