## 2002 2000 UNIFORM BUSINESS REPORT (UBR)

| DOCU  | MENT                | <sup>-</sup> # <sub>F9800000</sub> | 6302                                   |                     | WISION OF CORPORATION! |  |              |   |                           |                  |               |
|---|---------------------|------------------------------------|--|---------------------|------------------------|--|--------------|---|---------------------------|------------------|---------------|
| 1. Entity Nar<br>LEADER C   |                     | CTORS, INC.                        | 0002                                   |                     | 02 MAR 15 PM 12: 20    |  |              |   |                           |                  |               |
| Principal Place of Business Mailing Address 615 MAIN STREET 615 MAIN STREET                         |                     |                                    |  |                     |                        |  |              | QZ tir  |                           |                  |               |
| NASHVILLE , TENNESSEE NASHVILLE, TENNESSEE 37206  |                     |                                    |  |                     |                        |  |              |   |                           |                  |               |
| 2. Principal F  | Place of Bus        | siness                             |  | 3. Mailing Address  |                        |  |              |   |                           |                  |               |
| Suite, Apt  | . #, etc.           | <del></del>                        | Suite, Apt. #, etc.                    |                     |                        |  |              | DO NOT WRITE IN THIS SPACE  |                           |                  |               |
| City & State  |                     |                                    | City & State                           |                     |                        |  |              | . FEI Number  |                           | Applied For      | ]             |
| Zip   | Zip Country         |                                    | Zip Co                                 |                     |                        | untry  |              |   | Not Applicable Additional | 1                |               |
| 6. Name and Address of Curren   |                     |                                    | at Boolstored A                        | Posistared Assert   |                        |  | Fee Required |   |                           |                  | 1             |
|   | o. Name             | and Address of Curre               | nt Registered A                        | Agent               |                        | Name   | 7.           | Name and Address of New R   | egistered Age             | ent .            | 4             |
| CORPORA   | TE CRE              | ATIONS ENTERE                      | RISES INC                              |                     |                        | Name   |              |   |                           |                  |               |
| CORPORATE CREATIONS ENTERPRISES INC<br>4521 PGA BLVD., STE 211<br>PALM BEACH GARDENS, FLORIDA 33418 |                     |                                    |  |                     |                        | Street Address (P.O. Box Number is Not Acceptable) |              |   |                           |                  |               |
|   |                     |                                    |  |                     |                        |  |              |   |                           |                  |               |
| <b>.</b>  |                     |                                    |  |                     |                        | City   | •            |   | FL                        | ip Code          |               |
| 8. The above  | named ent           | ity submits this stateme           | ent for the purpo:                     | se of changin       | g its reg              | istered office                                     | or registe   | ered agent, or both, in the State   | of Florida.               |                  | 1             |
| \$  |                     |                                    |  |                     |                        |  |              |   |                           |                  |               |
| SIGNATURE   | Signature, t        | yped or printed name of re         | gistered agent and                     | i title if applicat | ole. {                 | NOTE: Register                                     | ed Agent     | signature required when reinstating   | 1                         | Date             | ľ             |
| 9. This corpor  | ration is elic      | ible to satisfy its Intan-         |  | EII E NOW           |                        | IS \$150,00  |              |   |                           | \$5.00           | ł             |
| -   | -                   | ment and elects to do s            | o Aff                                  |                     |                        | will be \$550.                                     | on.          | <ol> <li>Election Campaign Finar</li> <li>Trust Fund Contribution.</li> </ol> | _                         | Be Added to Fees |               |
| (See criteri  |                     | X                                  | B0000000000000000000000000000000000000 |                     |                        | epartment of                                       |              | Trost Fana Contribution.  | IVIOY L                   | se Added to Fees |               |
| 1.  |                     | OFFICERS AN                        | D DIRECTORS                            |                     | 12.                    |  |              | NS/CHANGES TO OFFICERS  | AND DIRECT                | ORS IN 11        | ĺ             |
| TITLE   | PCD                 |                                    |  | Delete              | TITLI                  | E  |              |   | Change                    | Addition         | 6             |
| IAME  |                     | R, JAMES A                         |  |                     | NAM                    | E  |              |   |                           |                  | CRZE034 (999) |
| TREET ADDRESS   |                     |                                    |  | STRE                | ET ADDRESS             |  |              |   |                           | 8                |               |
| TY - ST - ZIP   |                     | LLE, TN 37209                      |  |                     | CITY                   | - ST - ZIP   |              | · · · · · · · · · · · · · · · · · · ·   |                           | , . ,            | l<br>E        |
| ITLE  | SD                  | LIND                               |  | Delete              | TITLE                  |  |              |   | Change                    | Addition         | පී.           |
| AME   | GUINN, LIND:        |                                    |  |                     |                        |  |              | 50000   | ) (**)<br>700.700         |                  |               |
| TREET ADDRESS   | MACHAZILE THE 27002 |                                    |  |                     |                        | ET ADDRESS   |              | -03/28/020105301<br>****150.00 ****150.                                       |                           |                  |               |
| ITY - ST <i>- ZIP</i><br>TLE  | 147 (01 14 )        | LLL, 114 31002                     |  | Delete              | -                      | - ST - ZIP   |              |   | ** [:5[] [] Change        |                  | . UI.         |
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| ITY - ST - ZIP  |                     | <del></del>                        |  |                     | CITY                   | - ST - ZIP   |              |   |                           |                  |               |
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| TREET ADORESS   |                     | •                                  |  |                     |                        | ET ADDRESS   |              | AI.   |                           | ŀ                |               |
| TY · \$T · ZIP  |                     |                                    |  |                     |                        | ST - ZIP   |              | 120   | 1                         | <del></del>      |               |
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| AME   |                     |                                    |  |                     | NAME                   |  |              |   |                           |                  |               |
| TREET ADDRESS   |                     |                                    |  |                     |                        | ET ADDRESS   |              |   |                           | ļ                |               |
|   | tify that the       | information supplied w             | th this filing doe                     | s not qualify f     | or the e               | st zip  <br>xemption state                         | ed in Sec    | ction 119.07(3)(i), Florida Statut  | es. I further ce          | rtify that the   |               |
| information   | indicated or        | this report or supplem             | ental report is tr                     | ue and accur        | ate and                | that my signal                                     | ture shal    | I 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: