

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 07, 1999 8:00 am  
Secretary of State

09-07-1999 90012 045 \*\*\*550.00

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Corporation Name

CREATIVE CONCEPTS, IN ADVERTISING, INC.

Principal Place of Business

1 HA-LO DRIVE  
TROY MI 48084

Mailing Address

1501 HA-LO DRIVE  
TROY MI 48084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1998

4. FEI Number

~~36-2265894~~ 38-2265894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

Principal Place of Business

1501 Halo Drive

Suite, Apt. #, etc.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

City & State

Troy, MI

Zip

48084

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

GNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CEOC	<input type="checkbox"/> DELETE
NELSON, LINDEN D	
1501 HA-LO DRIVE	
TROY MI 48084	
VTD	<input type="checkbox"/> DELETE
LEMBERG, STEVEN J	
1501 HA-LO DRIVE	
TROY MI 48084	
PD	<input type="checkbox"/> DELETE
LEIBERMAN, ERWIN	
1501 HA-LO DRIVE	
TROY MI 48084	
CFO	<input type="checkbox"/> DELETE
HAMMER, ALLAN	
1501 HA-LO DRIVE	
TROY MI 48084	
S	<input type="checkbox"/> DELETE
KELLY, CYNTHIA	
1501 HA-LO DRIVE	
TROY MI 48084	
D	<input type="checkbox"/> DELETE
KATZ, MARSHALL	
1501 HA-LO DRIVE	
TROY MI 48084	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas J. O'Rourke* 8/31/99 248-614-4831

CR2E034 (11/98)