

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 14, 2003 8:00 am  
Secretary of State

02-14-2003 90204 023 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

DOCUMENT # **J19537**  
1. Entity Name  
**CREATIVE FRAMING, INC.**

Principal Place of Business  
**C/O KENNETH R. LAURENCE  
1001 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154**

Mailing Address  
**C/O KENNETH R. LAURENCE  
1001 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business  
**c/o Anne E. Laurence**  
Suite, Apt. #, etc.  
**1001 Kane Concourse**

3. Mailing Address  
**c/o Anne E. Laurence**  
Suite, Apt. #, etc.  
**1001 Kane Concourse**

City & State  
**Bay Harbor Islands, FL**

City & State  
**Bay Harbor Islands, FL**

Zip  
**33154**

Country  
**USA**

Zip  
**33154**

Country  
**USA**

4. FEI Number **59-2686066**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LAURENCE, ANNE  
1001 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>S LAURENCE, ANNE E.</b>	<b>1007 KANE CONCOURSE</b>	<b>BAY HARBOR ISLD. FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
Date: **2/12/03** Daytime Phone #: **305 864 4111**

CR2E034 (10/02)