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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # L04850

(8)

CREATIVE MEDIA GROUP, INC.

FILED
Apr 24 1997 8:00am
Secretary of State

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Principal Place of Business	Mailing Address					
200 Kings avenue ACK\$ONVILLE FL 32207 IS	1200 KINGS AVENUE SUITE 106 JACKSONVILLE FL 32207-8627					
	U\$	3. Date Incorporated or Qualified 07/24/1989	3a. Date of Last Report 04/23/1996			
Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For			
7	26	59-2960647	Not Applicat			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be			

		[20]			Added to Fees				
Zíp	25	7ip <b>29</b>	30	ountry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	LEE, DARRAL 1200 KINGS AVENUE			81					
	SUITE 108			82	Street Address (P.O. Box Number is Not Acceptable)				
	JACKSONVILLE FL 32207			83					
				84	City 85 Zip Code				

office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State arm familiar with, and accept the obligation	of Florida. Such change was a	authorized by the corpora	poration submits this statement ation's board of directors. I he	ent for the purpose of changing ereby accept the appointment a	its registered s registered
SIGNATURE	Signature, types or printed name of registered ager		Registered Agent signature requi	ired when reinstating)	DATE	
12,	OFFICERS AND		13.		S TO OFFICERS AND DIRECTO	RS IN 12
TITLE	PÖ	DELETE	1.1 TITLE		Change	Addition
NAME	LEE, DARRAL		1.2 NAME			
STREET ADDRESS	1641 LANDON AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 O/TY-ST-7IP			
TITLE	VO	DELETE	21 1ITLE		Change	Addition
NAME	LEE, DONALD		2.2 NAME			
STREET ADDRESS	1641 LANDON AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY - ST - ZIP			
TITLE	TO	DELETE	3 1 117LF		Change	Addition
NAME 1	LEE, ANDREW		32 NAME			
STREET ADDRESS	1641 LANDON AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY+ \$1-2IP			
TITLE	CD	DELETE	4.1 TITLE		Change	Addition
NAME	LEE, ALBERT		4. 2 NAM!			
STREET ADDRESS	1841 LANDON AVE.		4.3 \$1REE1 ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - ST - 74P			
TITLE	D	DELETE	5111111		☐ Change	Addition
NAME	LEE, JUNE		5.2 NAME			
STREET ADDRESS	1641 LANDON AVE.		5.3 STRFLT ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City.St.7iP			6.4.C(1Y - \$1 - 7)P			

14. I do 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 suppliemental 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 15 if changed, over an attachment with an address.

SIGNATURE: