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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

CREATIVE MEDIA GROUP, INC.

FILED Apr 17 1998 8:00am Secretary of State



	:						
Principal Place of Business Mailing Address					E CONTINUE DE CONTO COMO CONTO	ili vivil vivil di	
1200 KINGS AVENUE 1200 KINGS AVENUE							
i jacksonvili I us	LE FL 32207	SUITE 106 JACKSONVILLE FL 32207			DO NOT WRITE IN THIS SPACE		
US JACKSUNVILLE PL 32207					3. Date Incorporated or Qualified		
					07/24/1989		
2. Principal P	lace of Business	2a. Mailing Address		·	4. FEI Number	Ar	oplied For
21		26			59-2960647		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22	27				5. Certificate of Statos Desireo	Fee Re	equired
	City & State				6. Election Campaign Financing		May Be
Zip			Countr		Trust Fund Contribution		to Fees
24	25 29 30		Courn	у	 This corporation owes or has paid the corporation owes or has paid the corporation. Personal Property Tax due June 30. 		tangible No
24	g. Name and Address of Curre	- · · · · · · · · · · · · · · · · · · ·			10. Name and Address of New Registered		
LE	E, DARRAL		81	Name			
1200 KINGS AVENUE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE 106			"	olicot Addi	ress (1.0. box Humber is Not Acceptable)		
JA	CKSONVILLE FL 32207		83	3			
			84	City		85 Zip (Code
				<u> </u>	F(-	
office or r	egistered agent, or both, in the Stat	to of Florida. Such change was autho	rized b	y the corporat	poration submits this statement for the purpose toon's board of directors. I hereby accept the ap	of changing it pointment as	is registered)
agent. i a	m familiar with, and accept the obli	gations of, Section 607.0505, Florida	Statute	s.	, , ,	•	
SIGNATURE	Signature typed or printed name of registered a	AVOIC Des	olored A	ant placet as see it	rnd when reinstating) DATE		
12,			13,	isin signatara regon	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	
TITLE	PD		1.1 TITLE		TIPETITO TO STATE OF	Change	☐ Addition
NAME	LEE, DARRAL		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			[
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY -	ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE			Change	Addition C
NAME	LEE, DONALD		2.2 NAME				
Street Address	4641 LANDON AVE. JACKSONVILLE FL			T ADDRESS			1
CITY-ST-ZIP TITLE	TD TO		2. 4 CITY-	ST-ZIP		☐ Change	Addition
NAME	LEE, ANDREW		3.1 TITLE 3.2 NAME			— cuange	- Addition
STREET ADDRESS	1641 LANDON AVE.			T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CHY-	·			
TITLE	CD		1 TITLE			☐ Change	Addition
NAME	lee, albert		4 2 NAME				
STREET ADDRESS	1641 LANDON AVE.		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		44 CiTY-	ST - ZIP			
TITLE	D	☐ DELETE	5 1 THLE			☐ Change	Addition
NAME	LEE, JUNE	1	52 NAME				
STREET ADDRESS	1841 LANDON AVE. JACKSONVILLE FL			T ADDRESS			
CITY-ST-ZIP	WACROCHTILLE FL		5.4 CITY-1	ST - ZIP		Change	Addition
TITLE		· ·	S 1 TITLE			Unange	T MODITION
NAME Street address			5.2 NAME : 9 01000	T ADDRESS			
			5.4 CITY-1				
CITY-ST-ZIP	partify that the information surplied			 	Section 119 07/3Vi) Florida Statutes I further of	artify that the	information

Indicated on this amount report or supplied with this hing does not quality for the exemption stated in section 119.07(3)), Florida Statutes. Further betting from indicated on this amount report or supplicinental amount 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 changes, or on an attachment with an address.