

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008995

1. Entity Name
WILLIAM C. GREENE CREATIVE SALES GROUP, L.L.C.

Principal Place of Business Mailing Address

2. Principal Place of Business 8 2930 Okeechobee Blvd
Suite, Apt. #, etc. 3. Mailing Address 1092 Johnnie Dodds Blvd
Suite, Apt. #, etc. B-3

City & State w. Palm Beach, FL City & State Mt. Pleasant, SC
Zip 33409 Country Palm Beach Zip 29464 Country Charleston

4. FEI Number 65-0969460 Applied For
Not Applicable

5. Certificate of Status Desired X \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Kevin F. Richardson, Esq.
Clyatt and Richardson, P.A.
1551 Forum Place, Suite 300-F
West Palm Beach, FL 33401

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
m62m Gordon J. Jacobs 2930 Okeechobee Blvd. w. Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP
m62m Philip S. Haberman 2930 Okeechobee Blvd. w. Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP
m62m Charles A. Frey 1092 Johnnie Dodds Blvd. Suite B-3 Mt. Pleasant, SC 29464
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
000003223820-6
-04/25/00-01103-013
*****55.00 *****55.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Charles A. Frey 4/5/00 (813) 849-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)