FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001915 (6)

CREAT	IVE LICENSE,	INC.		•							
Principal Piar	ce of Business		Mailing Add	iress				1 1 1 1 1 1 1 1 1 1			1 10 1 1 011 1011
9432 BAYMEAD SUITE 150 JACKSONVILLE	OWS ROAD FL 92256-0150	9432 BAYMEADOWS ROAD SUITE 150 JACKSONVILLE FL 32256-7988				Date Incorporated or Qualified	30	Date of Last P	Poport		
								04/21/1995	oa.	05/01/199	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For 59-3310927 Not Applied by			
21 Suite Ant	Sulte, Apt. #, etc.			Suite, Apt. #, etc.				00 00 10027			ot Applicable Additional
22			27				5. Certificate of Status Desired			equired	
City & State			City & State				6. Election Campaign Financing			May Be	
23			28					Trust Fund Contribution			to Fees
Zip	<u> </u>	Country	Zip		Country	/		8. This corporation has liability for			199.032,
24	25	Address of Current	29 30					Fiorida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and	Address of Curren	t Hegistereo Age	ent	81	Name	1	O. Name and Address of New Re	gistere	Agent .	
- WEDIA	IN OLEMNIA				<u> </u>						
OVERMAN, GLENN A					82	Street #	Address	ress (P.O. Box Number is Not Acceptable)			
9432 BAYMEADOWS ROAD SUITE 150					63		-				
JACKSONVILLE FL 32256-0150					84		···				
PROTOGRAFIEL I E OCCOUNTOU						City			FI	B5 Zip	Code
11. Pursuant office or	to the provisions of registered agent, of	of Sections 617.0502 or both, in the State	2 and 617.1508, F of Florida, Such o	lorida Statute	es, the above	e-named y the corp	corpora: poration's	tion submits this statement for the p s board of directors. I hereby accep	urpose of the ap	of changing it	is registered registered
SIGNATURE											
12.	Signature, typed or prin	ted name of registered ager OFFICERS AND		(NOTE	Registered Ag	ent signature	tequired wi	hen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	ID DIBLOTOE	00 tht 10
TITLE	PD	OFFICENS AINL		DELETE	1.1 TITLE	1	T	ADDITIONS/CHANGES TO OFFIC	EU9 VI	Change	Addition
NAME	OVERMAN, G	_	1.2 NAME		l			Criango	7,30,10,7		
STREET ADDRESS 9432 BAYMEADOWS ROAD, SUITE 15					1.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILI			1.4 CITY - S							
TITLE	VSTD			DELETE	2.1 TITLE	7	<u> </u>			Change	☐ Addition
NAME	EDWARDS, D	ONNA L			22 NAME	l					
STREET ADDRESS		ADOWS ROAD, SI	UITE 150		2.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILI)		2. 4 CITY-	ST-ZIP						
TITLE	D			DELETE	3.1 TITLE			w :	12.1	Change	Addition
NAME	WALLACE, MA			3.2 NAME							
STREET ADDRESS	3847 LITTLE				3.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILI	LE FL 32223		1 pri rec	3.4. CITY-	ST-ZIP	ļ				
TITLE			L	DELETE	4.1 TITLE					☐ Change	Addition
NAME					4. 2 NAME	4000000					
STREET ADDRESS					4.3 STREET						
CITY-ST-ZIP TITLE	 			DELETE	4.4 CITY - 8 5.1 TITLE	11-71P				Change	Addition
NAME	1		<u> </u>	· -	5.2 NAME	1	1			Silesige	
STREET ADDRESS					5.3 STREET	ADDRESS					
CITY-ST-ZIP					5.4 CITY - S						
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADDRESS					
CITY. ST. 7IP	[6.4 CITY - S	ו פול.ד					ľ

FILED Apr 10 1997 8:00am Secretary of State

R2E037 (9/96)

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 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 expowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 for Block 13 if chapsed, or on an attachment with an address.