| DOCUMENT # P0000016079  1. Entity Name  DZ CREATIVE MARKETING, INC.   |   |  |   |                                     | FILED Feb 09, 2001 8:00 am Secretary of State 02-09-2001 90232 038 ***150.00 |                       |                  |                             |
|---|---|--|---|-------------------------------------|--|-----------------------|------------------|-----------------------------|
| Principal Place of Business  10940 CAMERON COURT #107  DAVIE FL 33324 |   | Mailing Address 10940 CAMERON COURT #107 DAVIE FL 33324        |   |                                     |  |                       |                  |                             |
| 2. Principal Place of Business 12-61 NW 100-44 Suite, Apt. #, etc.    |   | 3. Mailing Address Suite, Apt. #, etc.                         |   |                                     | DO NOT WRITE IN THIS SPACE   |                       |                  |                             |
| Zip   | Country Country   | City & State  Zip Country                                      |   |                                     | 4. FEI Number  5. Certificate of Status                                      |                       |                  | oplied For<br>ot Applicable |
| 3337  | 6. Name and Address of Current F  | Registered Agent   |   |                                     | 7. Name and Address  |                       | Fee Require      |                             |
| 1094  | RA, DENNIS<br>0 CAMERON COURT #107<br>E FL 33324  | Ngiotorea rigetti  | Stree<br>City                                 | et Address (P.0                     | D. Box Number is Not A   |                       | <b>√</b> A ↓     |                             |
| SIGNATURE   | named entity submits this statement for Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so.     | Zanc   | Registered Agent sign                         | e or registered gnature required wh | en reinstating)  10. Election Car  | State of Florida.     | _ \$5.0          | 0 May Be                    |
| (See criter   | ia on back)   | Make Check Payabl  |   |                                     | Trust Fund (   | Contribution.         | LJ Added         | to Fees                     |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | PSD ZARRA, DENNIS 10940 CAMERON COURT #107  | Delete _   | 12. TITLE NAME STREET ADDRES CITY-ST-ZIP      | <sub>SS</sub> 12                    | ADDITIONS/CHANGE   | ennis                 | Change           | S IN 11                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | DAVIE FL 33324  | ☐ Delete   | TITLE  NAME  STREET ADDRES  CITY-ST-ZIP       | 1                                   | 1 ANTA-  | DN FL                 | S 3 3 3 ☐ Change | Addition                    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                              |   | Delete   | TITLE NAME STREET ADDRES CITY-ST-ZIP          | SS                                  |  |                       | ☐ Change         | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   | ☐ Delete   | TITLE NAME STREET ADDRES CITY-ST-ZIP          | 35                                  |  | •                     | ☐ Change         | ☐ Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   | ☐ Delete   | TITLE NAME STREET ADDRES CITY-ST-ZIP          | SS                                  | · · · · · · · · · · · · · · · · · · ·  |                       | ☐ Change         | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRES<br>CITY-ST-ZIP | es                                  |  |                       | ☐ Change         | Addition                    |
| of the corp   | ertify that the information supplied with t<br>on this report or supplemental report is t<br>coration or the receiver or trustee empov<br>or on an attachment with appendress, wi | rue and accurate and that my<br>vered to execute this report a | / signature shal                              | ll have the carr                    | na lanal affact as if may  | da undar aath: that I | am an officer    | or director                 |
| SIGNAT  | URE: SIGNATURE AND TYPED OR PR  | MA CONSIGNING OFFICER OF                                       | R DIRECTOR                                    |                                     | 2/7/c  | <u> </u>              | Daytime Phone #  |                             |