2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name PINNACLE CREATIVE CONCEPTS, INC.							Secreta 04-08-2002	•			
Principal Place of Business -301 E. ROYAL PALM ROAD, SUITE 1-F -BOCA RATON FL 33432		Mailing Address 301 E. ROYAL PALM ROAD. SUITE 1 F BOCA RATON FL 33432							. .		
9 Principal E	Place of Business	3. Mailing Address									
300 E R	lm Ro	1)		,,,,,,,,,,							
35-C Suite, Apt. #, etc. 35-C 35-C						DO NOT WRITE IN THIS SPACE					
City & Stat Boca Ra	ton FL	City & State Boca Raton FL			4. F	4. FEI Number 65-1065208 Applied For Not Applicable					
33432	Country	^{Zip} 33432	32 Country		5. (Certificate o	of Status Desired		\$8.75 Add Fee Required		
<u> </u>	·6. Name and Address of Current F	1			7. N	lame and	Address of New F	Registere			
STRAUB, BUTNIER 301 E. ROYAL-PALM ROAD, SUITE 1-F BOCA RATON FL 33432				Street Address	Bunnie Straub dress (P.O. Box Number is Not Acceptable) Royal Palm Rd 35-C						
		,		City Boca Rat	ton			F	L Zip Code 3343	2	
8. The above	named entity submits this statement for	the purpose of changing its	registere			ent, or both	n, in the State of Fl	orida.		_	
SIGNATURE	Signature, typed of printed name of Jeos Sered agent as	nd title if applicable. (NOT	E: Registered	d Agent signature requi	ired when re	ninstating)		DATE	5/29/	02_	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW After May 1, 20 Make Check Payal			02 Fee	will be \$550.00		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND I		12.	-	AD	DITIONS/0	CHANGES TO OFF	ICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP	D STRAUB, BUNNIE R 301 E. ROYAL PALM ROAD, SUITI BOCA RATON FL 33432	□ Delete	- 11		00 E	ROyal	Palm Rd 3	5-C	∏ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warrior, Jennifer 501 N. Ocean Blvd., #3 Boca Raton Fl 33432	☐ Delete	II.						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP		□ Delete	ll l		~ -	_			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	III .	ı					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	II						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11	1					☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with it on this report or supplemental report is poration or the receiver or trustee emporers or on an attachment with an appress, w	true and accurate and that r wered to execute this report	ny signati as requir	ure shall have th	e same li	egal effect	as if made under	oath: that	Lam an officer i	or director	