

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90225 013 ***150.00

DOCUMENT # P00000090746

1. Entity Name
KINETIC CREATIONS INC.

Principal Place of Business

**3200 PARKSIDE COURT
 WINTER PARK FL 32792**

Mailing Address

**3200 PARKSIDE COURT
 WINTER PARK FL 32792**

2. Principal Place of Business

**10805 Missouri Ave
 Suite, Apt. #, etc. #2**

3. Mailing Address

**10805 Missouri Ave.
 Suite, Apt. #, etc. #2**

City & State

Los Angeles, CA

City & State

Los Angeles, CA

Zip

Country

90025 USA

Zip

Country

90025 USA

4. FEI Number

59-3675000

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, WADE F JR.
 118 E. JEFFERSON STREET
 ORLANDO FL 32801**

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

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)**

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.**

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D
NAME BURNEY, MICHAEL M
STREET ADDRESS 3200 PARKSIDE CT.
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D
NAME MOORE, MICHELLE L
STREET ADDRESS 3200 PARKSIDE CT.
CITY-ST-ZIP WINTER PARK FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 (310)475-4171
 Date Daytime Phone #

CR2E034 (9/01)