2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000097222 **CREATIVE MARKETING SYSTEMS, INC.** 4-25-2001 90374 016 ***150.00 Principal Place of Business Mailing Address 2434 SANDLAKE RD 2434 SANDLAKE RD ORLANDO FL 32809 ORLANDO FL 32809 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 39. 3676815 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'BRIEN, HAROLD K Street Address (P.O. Box Number is Not Acceptable) 2434 SANDLAKE RD ORLANDO FL 32809 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 (NOTF: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE ☐ Change Addition THTLE ☐ Deiete WILLIAM F. WILSON NAME NAME 2434 SANOLIANE RO. STREET ADDRESS STREET ADDRESS ORLANDO, FLORIDA 32809 CITY - ST - ZIP CITY-ST-7IP EX. U. PRESIDENT ☐ Delete TITLE Change Addition TITLE HARALD K. O'BRIEN NAME MAME 2434 SANDLANGERD. STREET ADDRESS STREET ADDRESS ORLANDO, FLORIDA CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE DEBBRAHT.WILSON NAME NAME 2434 SANOLANDE RO. STREET ADDRESS STREET ADDRESS FLARIDA 32804 CITY-ST-ZiP CITY-ST-7IP TUTLE Change acitibo 🔲 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition Change TITLE ☐ Delete TiTi F NAME NAM9

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

407.826.5336