FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 am Secretary of State

| DOCUMENT # POIDDOD 16487 1. Entity Name NBT CREATIVE INVESTMENTS, INL. | | | | 05-09-2002 90037 035 ***150.00 | | |
|---|---|---|--------------------|--|--------------|------------------|
| DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Articless | | | | | | |
| 29127 RIVERGATE RUN Suite, Apt. #, etc. | 3. Mailing Address 12157 W. LIMEBANGN Suite, Apt. #. etc. #306 | | | DO NOT WRITE IN THIS SPACE | | |
| WESLEY CHAPEL FL | City & State TAMPA FL | | | 4. FEI Number Applied For Not Applicable | | |
| Zip 33543 Country | 73626 Country | | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | |
| | 7. Name and Address of Current Registered Agent Name RICHARO LIMMER Street Address (P.O. Box Number is Not Acceptable) 12157 W. LINEBANGH 4306 | | | | | |
| DO NOT WE IN THIS SPA | | | | | | |
| | | City | | | | |
| The above named entity submits this statement for the stateme | e purpose of changing its re | | registered ad | Tent or both in the State of Ele | FL 갤 | 53616 63616 |
| SIGNATURE RICUARD LIMM Signature, typed or printed name of registered agent and | ER P | Shand (| he required when r | einsteiling) | H-28- | .02 |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1. May 1 Fee is \$150.00 After May 1. Fee is \$550.00 After May 1. Fee is \$550.00 To Election Campaign Financing Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIFFCLORS | | | | | | |
| TAMPA | *************************************** | ITTEC NAME STREET ADDRESS. CHY-5T-ZIP | | | | CRZE034B (12/01) |
| NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33626 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | CRZEO |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE D LIMMER TRICHA LIMEB TAMPA FL | 236 24 336 24 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT | WRITE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY ST-ZIP | | IN THIS S | PACE | |
| TITLE NAME STREET ADDRESS CHY- ST- ZIP | | TITLE Name Street address City-St-7/P | | | | |
| TITLE NAME: STREET ADDRESS - CITY-ST-7IP | | TITLIS NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 13. Thereby certify that the information supplied with this filling 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 on an analysis of the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other like empowered. SIGNATURE: Thurst 3 Ammus 4 - 29 - 02 813 - 921 - 2229 | | | | | | |
| SIGNATURE AND TYPED OR PRINTE | D NAME OF SIGNING OFFICER OR | DIRECTOR | | Date | Daytime Phor | |