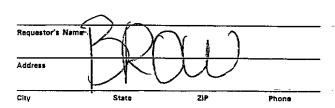
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( ) Limited Partnership	( ) Annual Report	( Othe	or CHANGEOF PA 00		
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( ) Certified Copy	( ) Photo Copies	( ) Cert	er CHANGEOFPA nge of Registered Agent difficate Under Seal ar 4:30		
( ) Call When Ready	( ) Call If Problem		r 4:30		
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Name		*			
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Examiner					
Updater		C. COULLIETTE JUN 1 1 2001			
Verifier			A.		

CR2E031 (R8-85)

Acknowledgment

W.P. Varifier

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: CREATIVE CUSTOMER CONCEPTS, INC.
2. The mailing address of the corporation: 4009 N.E. 2157 Avs #2
Ft. LAUDERDALE FL 33308
3. Date of incorporation/qualification: $3/27/01$ Document number: $90/0003096/$
4. The name and address of the current registered agent and office:
MARY BETH POLINSKI
4009 N.E. 215T AVE #2
FT. LAUDERDALE, FL 33308
5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P. O. Box Not Acceptable)
DAVID POLINSKI
4009 N.E. 21.57 AUE # 2
FT. LAUDERDALE, FL 33308
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such charge was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
de distribution de la company
(Signature of an officer, chairman or vice chairman of the board)  (Date)
Daniel Plaint:
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Navid folia les
(Signature of Registered Agent) (Date)
If signing on behalf of anlentity:
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

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