2002 UNIFORM BUSINESS REPORT (UBR)

-200	2 UNIFORM BUSII	NESS REPO	RT	(UBR) <u> </u>		LED 002 8	3:00 a	ım
DOCUMENT # P0100055077 1. Entity Name						Apr 04, 2002 8:00 am Secretary of State			
CREATIV	E COMMUNICATIONS TECHN	NOLOGIES, INC.	\	ل		02-28-2002 90	J040 01 3 **	130.00	
Principal Place of Business Mailing Address									
	ARY TRAIL STE 208	9123 N MILITARY TRAIL, STE 208							
PALM BCH G	ardens fl 33410	PALM BCH GARDENS FL	33410						
2. Principal F 9123		i Marinery in eriët bistin earli balli beist blikt blikt blikt blikt beist terit iest i 1661 abb				HI (BBH) 1881 (BB1			
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Cin & Stat	M Beach GARdens Fl	City & State				FEI Number 5-111 2 6 8 5	— — 	Applied For Not Applicable	\exists
~33.4:1:		Zip	Coun	try		Certificate of Status Desired	\$8.75 A	dditional	1
~ 3 3.4:1 <u>:</u>	6. Name and Address of Current Re	gistered Agent			<u></u> -7.	Name and Address of New Registe	· · · · · ·		<u> </u>
				Name]
Crist, G. 1150 S U Jupiter 1	S HWY 1, SUITE 401			Street Address (P.O. Box Number is Not Acceptable)					-
00111211				City			FL Zip Co	ode	1
8. The above	named entity submits this statement for the	e purpose of changing its	egister	ed office or re	gistered aç	gent, or both, in the State of Florida.	-		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registere	Agent signature i	equired when r	einstating) DA	JE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible After May 1, 2002 Make Check Payable				will be \$550	.00	Election Campaign Financing Trust Fund Contribution.		.00 May Be ed to Fees	
11.	OFFICERS AND DIF	RECTORS	12.		A	DDITIONS/CHANGES TO OFFICERS		~]_
TITLE NAME	PRESIDENT Roy C. HAMLIN JE	☐ Delete	TITUE NAMI				Change	Addition	E034 (9/01)
STREET ADDRESS				et address					88
CITY-ST-ZIP	PRIM Beach Gardens			-ST-ZIP					10
TITLE NAME	F1.	☐ Delete	NAME				☐ Change	☐ Addition	5
STREET ADDRESS			STREE						
CITY_ST_ZIP	☐ Deletie		4	CITY-ST-ZIP_			☐ Change	☐ Addition	1
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CITY-ST-ZIP				ST-ZIP					[
indicated of the cor	ertify that the information supplied with this on this report or supplemental report is tru poration of the receiver or trustee empower or on an attachment with an address, with	e and accurate and that my red to execute this report a	/ signati	ure shall have	the same	legal effect as if made under cath; tha	t I am an office	er or director	-
SIGNAT		ED HAME OF SIGNING OFFICER O	R DIRECT	C.H	Anli	m. Jr Feb. S. c	Daytime Phone #	5-1610	