FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90279 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101260

1. Entity Name
DSF CREATIVE SERVICES INC.

11032387

Principal Place of Business	Mailing Address
215 10TH AVE N ST PETERSBURG, FL 33701	215 10TH AVE N ST PETERSBURG, FL 33701

2. Principal Place of Business	3. Mailing Address
215- 10TH AVE. N	215-10TH AVE N.
Suite, Apt. #, etc. ST. PETERSBURG, FL	Suite, Apt. #, etc. ST. PETERSBURG, FL
City & State 33701	City & State 33701
Zip / Country USA	Zip / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3752514 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORMAN, DAVID 215 10TH AVE N ST PETERSBURG, FL 33701	Name DAVID FORMAN Street Address (P.O. Box Number is Not Acceptable) 215- 10TH AVE N. City ST. PETERSBURG FL Zip Code 33701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 4-28-03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P/T/S	☐ Delete
NAME	FORMAN, DAVID	
STREET ADDRESS	215 10TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-28-03 Date — 727-417-8666 Daytime Phone #