APR-25-05 09:19 PM BARBARA1LEININGER 81

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Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90217 038 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000091279

1. Entity Name
LSM CREATIVE MANAGEMENT, INC.

Principal Place of Business
15951 N FLORIDA AVE
LUTZ, FL 33549

Mailing Address
15951 N FLORIDA AVE
LUTZ, FL 33549

2. Principal Place of Business: 9504 Pebble Glen Ave
Suite, Apt. #, etc.
City & State: Tampa Florida
Zip: 33647 Country: USA

3. Mailing Address: 9504 Pebble Glen Ave
Suite, Apt. #, etc.
City & State: Tampa Florida
Zip: 33647 Country: USA

03062005 Chg-P CR2E034 (10/03)

4. FEI Number: 38-3703711 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STAFFORD, S.L.
15951 N FLORIDA AVE
LUTZ, FL 33549

7. Name and Address of New Registered Agent
Name: Sandy B. Feldman
Street Address (P.O. Box Number is Not Acceptable): 9504 Pebble Glen Ave
Tampa Florida
City FL Zip Code 33647

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] Date: 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMAN, LARRY 9504 PEBBLE GLEN AVE TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMAN, SANDY B 9504 PEBBLE GLEN AVE TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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] Sandy B Feldman 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #