2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P06000081243 01-14-2008 90104 026 ***150.00 CMP CREATIVE, INC. Mailing Address Principal Place of Business 426 SW COMMERCE DR STE 130 426 SW COMMERCE DR STE 130 LAKE CITY, FL 32025 LAKE CITY, FL 32025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01102008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-5043865 Not Applicable Country Zio Country Z_{IP} \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, SCOTT D Street Address (P.O. Box Number is Not Acceptable) 426 SW COMMERCE DR STE I30 LAKE CITY, FL 32025 Zip Code City 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, typed or printed mame of registered argent and title if applicable (NOTE: fregistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES ☐ Delete ☐ Change ☐ Addition FITLE TITLE STEWART, SCOTT NAME MAME STREET ADDRESS PO BOX1208 STREET ADDRESS LAKE CITY, FL 32056 CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE Pusatui, Christa 9856 Sw 139+11 Way NAME PUSATERI, CHRISTA NAME 205 NE 3RD ST., APT 3 STREET ADDRESS STREET ADDRESS City-St-ZIP GAINESVILLE, FL 32601 CITY-ST-76F ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP Change ☐ Addition Delete TITLE 10118 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79 ☐ Change ☐ Addition ☐ Delete TITLE DHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP ☐ Delete ☐ Change Addition TITLE TILLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY+ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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 enumbered to execute his report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other the empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Deste

Daytime Priorie #

FILED Jan 14, 2008 8:00 am