DOCUMENT # P9400040800 1. Entity Name V CREATIVE, INC.						FILED May 01, 2001 08:00 AM Secretary of State				
Principal Place		Mailing Address 2483 NAVAREZ AVENUE								
SAFETY HARE 34695	OR FL US	SAFETY HARBOR 34695	us	FL						
2. Principal P	lace of Business	3. Mailing Address 913 SW 9TH ST.							-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO N	IOT WRITE IN THI	S SPACE	–	
City & State FT. LAUDERE		City & State ft. Lauderedale		FL		FEI Number 5-0509408			plied For	1
Zip 33315	Country us	Zip 33315	Coun us	try	5.	Certificate of Status D	esired	\$8.75 Add		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current R	egistered Agent			7. 1	Name and Address o	of New Registere	d Agent		1
MEDLEY VILMA J 2483 NAVAREZ AVE SAFETY HARBOR FL				Street Ac	Name MEDLEY VILMA J Street Address (P.O. Box Number is Not Acceptable) 913 SW 9TH ST.					
34695	US named entity submits this statement for				DERDALE		F	Zip Code 33315	e	
Tax filing re (See criter	Signature, typed or printed name of registered agent arrotation is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	of title if applicable. (NOTE: FILE NOW!!! After MAY 1, 2001 Make Check Payable	FEE Fee	IS \$150.0 will be \$5	50.00	einstating) 10. Election Camp Trust Fund Co	DATE	\$5.0	0 May Be to Fees	- The second sec
11.	OFFICERS AND D	IRECTORS	12.		AE	DDITIONS/CHANGES	TO OFFICERS A	ND DIRECTORS	3 IN 11	1_
TITLE NAME STREET ADDRESS	STD MEDLEY CHARLES J 2483 NAVAREZ AVE	☐ Delete	TITLE NAMI		STD MEDLEY 913 SW 9TI	CHARLES .	Ţ	⊠ Change	☐ Addition	E034 (11/00)
CITY-ST-ZIP	SAFETY HARBOR	FL 34695		ST-ZIP	FT. LAUDE		FL	33315	· -	E034
TITLE NAME STREET ADDRESS	P MEDLEY VILMA J 2483 NAVAREZ AVE	☐ Delete ,	NAMI STRE		P MEDLEY 913 SW 9TH	VILMA J H ST.		⊠ Change	☐ Addition	CRS
CITY-ST-ZIP	SAFETY HARBOR	FL 34695	CITY	·ST-ZIP	FT. LAUDE	CRDALE	FL	33315		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					-	Change	☐ Addition	†
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			<u>,,</u> *_			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STRE					☐ Change	Addition	1
of the cor	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporation or the receiver or trustee emporation or on an attachment with an address, w	rue and accurate and that my vered to execute this report as	reinnat	HICA CHAIL HO	watho coma	legal offect on it made	aaiau aaib. ibai	I am an officer	ar director	
SIGNAT		INTED NAME OF SIGNING OFFICER OF	R DIRECT	OR	<u> </u>	P 05/01/2 Date	001	Daytime Phone #		