

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 30 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000013193 (3)

1. Corporation Name
CREATIVE LICENSING GROUP, INC.

Principal Place of Business
ONE S.E. THIRD AVENUE
27TH FLOOR
MIAMI FL 33131

Mailing Address
ONE S.E. THIRD AVENUE
27TH FLOOR
MIAMI FL 33131-1716

3. Date Incorporated or Qualified 02/12/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0667855		Applied For Not Applicable	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent

NELSON, CHRISTOPHER M
ONE S.E. THIRD AVENUE
27TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PROVARIANT, DIRECTOR	1.1 TITLE	
NAME	David DiRienzo	1.2 NAME	
STREET ADDRESS	1 SE 3RD AVE, 27TH Floor	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	1.4 CITY-ST-ZIP	
TITLE	VP, DIRECTOR	2.1 TITLE	
NAME	Bryan Schaffner	2.2 NAME	
STREET ADDRESS	1 SE 3RD AVE, 27TH Floor	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	2.4 CITY-ST-ZIP	
TITLE	SEC. TRS, DIRECTOR	3.1 TITLE	
NAME	Christopher Nelson	3.2 NAME	
STREET ADDRESS	1 SE 3RD AVE, 27TH Floor	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher Nelson DATE: 4/26/97 (305) 982-5644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)