2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P96000085190 FUSION CREATIVE, INC. 03-15-2000 90098 018 ***150.00 Mailing Address Principal Place of Business 12180 28TH STREET NORTH 12180 - 28TH STREET NORTH ST. PETERSBURG FL 33716-1820 ST. PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3415680 Not Applicable Zip Country Country \$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 MOUSER, FREDERICK L ESQ. Street Address (P.O. Box Number is Not Acceptable) MOUSER & WELLS, P.A. 810 - 63RD AVENUE NORTH ST. PETERSBURG FL 33702 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition TITLE TITLE Delete STOOP, RICHARD NAME NAME STREET ADDRESS 12180 - 28TH STREET NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 Addition ☐ Change Delete TITLE TITLE MILLER, GLENN NAME NAME STREET ADDRESS STREET ADDRESS 12180 - 28TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 □ Change Addition ☐ Delete TITLE SERATA, BILL NAME NAME STREET ADDRESS STREET ADDRESS 12180 - 28TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Change Addition Addition ☐ Delete TITLE TITLE VELEZ, DENISE NAME NAME STREET ADDRESS 12180 - 28TH STREET NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME **HAMF** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date / Daylime Phone #