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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700050018 (5)

CREATIVE THEME, INC.

STREET ADDRESS

Principal Place of Business Mailing Address 7230 4TH STREET NORTH 7230 4TH STREET NORTH **UNIT 342** DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 3. Date Incorporated or Qualified 06/06/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-345054 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Žφ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 25 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registored 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 607.05:05, Florida Statutes. SIGNATURE (NCITE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ___ Addition PSTD 1.1 TITLE TITLE HUNTER, JON M 1.2 NAME NAME 7230 4TH STREET NORTH **STREET ADDRESS** 1.3 STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE NAME 2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-\$1-ZIP 3.4 CITY-ST-ZIP DELFTE Change Addition 41 TITLE TITLE 4. 2 NAME NUMBER STREET ADDRESS 4.3 STREET ADDRESS CRY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETÉ Channe Addition TITLE 6 1 TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos I further certify that the information indicated on this annual report or supplicmental 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:

A 28-98 813-527-2501

63 STREET ADDRESS