2002 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2002 8:00 am Secretary of State P97000067333 DOCUMENT # 1. Entity Name CREATIVE MARKETING EXECUTION INC. 04-18-2002 90352 024 ***150.00 Principal Place of Business Mailing Address 1133 FOURTH ST % DAVID GRONSBELL & CO CPA'S PC R0071126 SUITE 200 117 EAST 38TH STREET SARASOTA FL 34236 NEW YORK NY 10016-2695 2. Principal Place of Business 407 BOYLDON BAY CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0786677 1307h2001 Not Applicable Zip \$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 JARVIS, PAUL S Street Address (P.O. Box Number is Not Acceptable) 1133 FOURTH ST SUITE 200 SARASOTA FL 34236 BOULDO BEACH 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. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change JARVIS, PAUL S NAME NAME 1133 FOURTH ST STREET ADDRESS STREET ADDRESS 407 BOYNTON BAY CIRCLE SARASØTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP BOYLOOU BEACH, FL 33485 TIT! F ☐ Delete TITLE ■ Addition NAME NAME 7 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 110 NAME NAME ar/CSTREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR