2000 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90015 040 ***158.75

DOCUMENT # P97000096011

Entity Name

CREATIVE MEDIA, INC.

Principal Place of Business	Mailing Address
5 LIBERTY STREET MI BEACH FL 33139	2 S BISCAYNE BLVD SUITE 3400 MIAMI FL 33131-1802 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0798044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER SUITE 3400 2 SOUTH BISCAYNE BLVD MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
D ☐ Delete DE LA MESLIERE, O. CHALMOT 41 RUE FRANCOIS 1ER PARIS 8 FRANCE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
PS ☐ Delete DE LA MESLIERE, O. CHALMOT 41 RUE FRANCOIS 1ER PARIS 8 FRANCE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: O. de la Meslière O. DE LA MESLIERE 4/18/00 (305) 376-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #