

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099910

1. Entity Name

CREED MERCHANDISING, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90030 032 ***150.00

Principal Place of Business

2418 N. MONROE ST.
 #140
 TALLAHASSEE FL 32303

Mailing Address

2418 N. MONROE ST.
 #140
 TALLAHASSEE FL 32303-4119

2. Principal Place of Business

15 S. Orange Ave.

3. Mailing Address

1261 Lincoln Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

Suite 216

City & State
 Orlando, FL

City & State
 San Jose, CA

Zip

Country

Zip

Country

32801

USA

95125

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0476037

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

HANSON, JEFF
 2418 N. MONROE
 #140
 TALLAHASSEE FL 32303

Name Jeff Hanson

Street Address (P.O. Box Number is Not Acceptable)

15 S. Orange Ave

City Orlando

FL

Zip Code 32801

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

4/19/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME STAPP, SCOTT
 STREET ADDRESS PO BOX 20346 N/A
 CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME TREMONTI, MARK
 STREET ADDRESS PO BOX 20346 N/A
 CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME MARSHALL, BRIAN
 STREET ADDRESS PO BOX 20346 N/A
 CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME PHILLIPS, THOMAS SCOTT
 STREET ADDRESS PO BOX 20346 N/A
 CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 407 422 5700

CR21 012-011111