2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 09, 2001 8:00 am DOCUMENT # P98000034929 **Secretary of State** 1. Entity Name CREATOR'S INK, INC. 03-09-2001 90495 047 ***150.00 Principal Place of Business Mailing Address 2427 -14TH ST. N. 2427 -14TH ST. N. ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address 77th Ave N. 77H Ave W 792 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ST. PETERSBURG PC Applied For City & State 4. FEI Number 59-3507891 PETERSIBURG Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3702 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEFFREY PETTY, JEFFREY Box Number is Not Acceptable) 2427 -14TH ST. N. ST. PETERSBURG FL 33704 ^{Zig} 3702 St. DETERSBUK 6 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, typed or printed name of registered agent and title if applicable. (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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSTD PSTD CR2E034 (10/00) ☐ Addition ☐ Change TITLE ☐ Delete TITLE PETY JEFFREY 1792 77th Ave.N. ST. FERENS BURG PL 33702 PETTY, JEFFREY NAME NAME 2427 -14TH ST. N. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33704 CITY-ST-7IP CITY-ST-7IP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE 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 ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 execute 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 tipistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if plied with thisd accurate the empowered to execute indicated on this report or supplemer of the corporation or the receiver or t changed, or on an attachment with a stee empowered powered.

9 OR DIRECTOR