2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rece changed, or on an attachmer

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 05, 2002 8:00 am § Secretary of State P98000042598 DOCUMENT # 1. Entity Name 05-05-2002 90083 039 ***150.00 MEDIA CREATIONS INC. Principal Place of Business Mailing Address 1499 NW 94 WAY 1499 NW 94 WAY CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 3. Mailing Address 2. Principal Place of Business SWIDOTA PO Box 72246 Terroce Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0837948 010 010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 330**7**1 Fee Required USA6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Greenspan GREENSPAN, DEBORAH Address (P.O. Box Number is Not Acceptable) 1499 NW 94 WAY CORAL SPRINGS FL 33071-8974 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change ☐ Delete TITLE ☐ Addition Deborah Greenspan 137 SW 100 Terrace GREENSPAN, DEBORAH NAME NAME 1499 NW 94 WAY STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071-8974 CITY-ST-ZIE CiTY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #