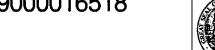
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016518

1. Entity Name
AWARD CREATIONS, INC.



Principal Place of Business Mailing Address 1447 BANKS ROAD 1447 BANKS ROAD MARGATE FL 33063 SUITE 236W MARGATE FL 33063 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 65-0896975 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FORTI, JOHN Street Address (P.O. Box Number is Not Acceptable) 1447 BANKS ROAD MARGATE FL 33063 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. STÄNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE Change FORTI, JOHN NAME NAME 21203 SHADY VISTA LANE STREET ADORESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change FORTI, JON S NAME NAME 21203 SHADY VISTA LANE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

MAME

TITLE

NAME

GYATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

4/14/03

Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition

FILED

04-17-2003 90146 016 ***150.00

Apr 17, 2003 8:00 am Secretary of State

CR2E034 (10/02