

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90019 049 \*\*\*550.00

**DOCUMENT # P99000028817**

1. Entity Name  
**CREATION STUDIOS, INC.** ✓

Principal Place of Business  
 4804 U.S HWY 19  
 PALMETTO FL 34221

Mailing Address  
 4804 U.S HWY 19  
 PALMETTO FL 34221

AVU786U4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4301 3RD. ST. W.**  
 Suite, Apt. #, etc.  
**SUITE E-9**

3. Mailing Address  
**4301 3RD. ST. W.**  
 Suite, Apt. #, etc.  
**SUITE E-9**

City & State  
**BRADENTON, FL**

City & State  
**BRADENTON, FL**

4. FEI Number  
**65-0920558**

Applied For  
 Not Applicable

Zip  
**34205** Country  
**USA**

Zip  
**34205** Country  
**USA**

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**

**COLE, GLEN C**  
 4804 U.S HWY 19  
 PALMETTO FL 34221

Name  
**GLEN C. COLE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6451 SEA GULL DRIVE #263**  
 City  
**BRADENTON, FL** FL Zip Code  
**34210**

B. 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 *Glen C. Cole* **GLEN C. COLE - PRESIDENT**

DATE  
**9/11/00**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLE, GLEN C</b> <b>4804 U.S HWY 19</b> <b>PALMETTO FL 34221</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLE, TINA A</b> <b>4804 U.S HWY 19</b> <b>PALMETTO FL 34221</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, when all other like empowered.

SIGNATURE: *Glen C. Cole* **GLEN C. COLE - PRESIDENT**

DATE **9/11/00** Daytime Phone # **941-739-9742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (5/00)