


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90715 025 \*\*\*150.00

0659095 AT

<b>DOCUMENT #</b> P99000052402	
<b>1. Entity Name</b> CREED WEAR, INC.	

<b>Principal Place of Business</b> C/O JEFF HANSON MGNT AND PROMOTIONS 15 SOUTH ORANGE AVENUE ORLANDO FL 32801	<b>Mailing Address</b> 1261 LINCOLN AVE. STE. 216 SAN JOSE CA 95125
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<b>2. Principal Place of Business</b> 2813 S. Highway Rd.		<b>3. Mailing Address</b>	
Suite, Apt. #, etc. Suite 304		Suite, Apt. #, etc.	
<b>City &amp; State</b> Orlando, FL		<b>City &amp; State</b>	
<b>Zip</b> 32835	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>



☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-3574123		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  MCNEELY, ROBERT A ESQ. MCFARLAIN, WILEY, CASSEDY & JONES, P.A. 215 SOUTH MONROE ST., STE. 600 TALLAHASSEE FL 32301
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> STAPP, SCOTT 2418 N MONROE ST, STE 140 TALLAHASSEE FL 32303 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DV</b> TREMONTI, MARK 2418 N MONROE ST STE 140 TALLAHASSEE FL 32303 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> PHILLIPS, SCOTT 2418 N MONROE ST STE 140 TALLAHASSEE FL 32303 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CFO</b> WHITFIELD, GARRY D 15 S ORANGE AVE ORLANDO FL <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 an officer like empowered.**

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4-29-03</b> Date	Daytime Phone #
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CR2E034 (10/02)