

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 11, 2001 08:00 AM****Secretary of State****DOCUMENT # P99000092782**1. Entity Name  
IMPACT CREATIVE SERVICES GROUP, INC.Principal Place of Business  
213 S. SUNLAND DR.  
SANFORD FL 32773Mailing Address  
213 S. SUNLAND DR.  
SANFORD FL 327732. Principal Place of Business  
920 REFLECTIONS CIRCLE3. Mailing Address  
920 REFLECTIONS CIRCLESuite, Apt. #, etc.  
SUITE #206Suite, Apt. #, etc.  
SUITE #206City & State  
CASSELBERRY FLCity & State  
SANFORD FLZip  
32707Country  
USZip  
32707

Country

4. FEI Number  
59-3607157Applied For  
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**THE LOTI GROUP, INC.  
213 S. SUNLAND DR.

SANFORD FL 32773 US

**7. Name and Address of New Registered Agent**Name  
LIGHTFOOT CREATIVE SERVICES, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
920 REFLECTIONS CIRCLE  
SUITE #206  
City  
CASSELBERRY FL Zip Code  
32707

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 **LORI LIGHTFOOT**

02/11/2001

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**TITLE D ☒ Delete  
NAME LIGHTFOOT LORI  
STREET ADDRESS 920 REFLECTIONS CIRCLE 206  
CITY-ST-ZIP CASSELBERRY FL 32707TITLE D ☐ Delete  
NAME DEBANDI YVONNE  
STREET ADDRESS 213 S. SONLAND DR  
CITY-ST-ZIP SANFORD FL 32773TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition  
NAME LIGHTFOOT LORI I  
STREET ADDRESS 920 REFLECTIONS CIRCLE SUITE #206  
CITY-ST-ZIP CASSELBERRY FL 32707TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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, with all other like empowered.

SIGNATURE: **Lori Lightfoot**

D

02/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)