No. W 98798	Due i	2. Registered Agent and Address (NO PO BOX)					
Return to:		nnual Report Form	CORPORATE CREATIONS NETWORK IN				
700 WEST JEFFERSON NETWOLVE		g Address: Correct in this box if needed. ES NETWORK SERVICES LLC NHOWER BLVD		950 W BANNOCK ST #1100 BOISE ID 83702			
	TAMPA FL 33634-6336		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Addresses of	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER PETER CAS	ANAGER PETER CASTLE		TAMPA	FL	USA	33634-6336	
MANAGER GERALD GAGLIARDI		4710 EISENHOWER BLVD SUITE E8	TAMPA	FL	USA	33634	
5. Organized Under the Laws of: 6. Annual Repor		ust be signed.*					
R.	Signature: Angela Martin		Date: 11/23/2015				
W 98798	Name (type or print): Angela Martin		Title: Special Manager				
Processed 11/23/2015	* Electronically provided signatures are accepted as original signatures.						