

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000001071

FILED
Mar 24, 2003
Secretary of State

Entity Name: INTERACTIVE METRONOME, INC.

Current Principal Place of Business:

2500 WESTON RD, STE 403
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

2500 WESTON RD, STE 403
WESTON, FL 33331

New Mailing Address:

FEI Number: 65-1066624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODLE, BRUCE
2500 WESTON RD, STE 403
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: EGGLESTON, TOM
Address: 3075 OLD STILL LANE
City-St-Zip: WESTON, FL

Title: STD () Delete
Name: WUKASCH, MATT
Address: 13230 SW 30TH COURT
City-St-Zip: DAVIE, FL

Title: D () Delete
Name: CASSILY, JIM
Address: 3090 DAWES AVENUE SE
City-St-Zip: GRAND RAPIDS, MI

Title: D () Delete
Name: FLOW, DON
Address: 1400 S. STRATFORD RD
City-St-Zip: WINSTOM SALEM, NC

Title: D () Delete
Name: GREENSPAN, STAN
Address: 7201 GLENBROOK RD
City-St-Zip: BETHESDA, MD

Title: D () Delete
Name: ODLE, BRUCE
Address: 2067 WINDWARD CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM EGGLESTON

PCD

03/24/2003

Electronic Signature of Signing Officer or Director

_____ Date

WILLIAM B. SMITH
423 HILLSIDE AVE.
WESTFIELD, NJ 07090