

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

04-30-2001 90367 001 ***150.00

DOCUMENT # P94000043394

1. Entity Name
INTERACTIVE CHANNEL, INC.

Principal Place of Business 4595 LEXINGTON AVE. JACKSONVILLE FL 32210	Mailing Address 4595 LEXINGTON AVE. JACKSONVILLE FL 32210
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-3248214** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CARKHUFF, TERRY
4595 LEXINGTON AVE.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent
 Name Shirley Moore
 Street Address (P.O. Box Number is Not Acceptable)
Same
 City _____ State _____ 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.

SIGNATURE Shirley Moore DATE 5/14/01
Signature typed or printed name of registered agent and the filer (applicant). (NOTE: Registered Agent's signature required when substituting)

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

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$350.00
 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-STATE-ZIP	P DEPHILLIPS, DAVID 620 SEA ISLAND RD. ST. SIMONS ISLAND GA 31522	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MILNE, D 4595 LEXINGTON AVE JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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, with all other like empowers.

SIGNATURE: DS Milne DSMILNE DATE 4/24/01 906.387-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/00)