**FILED** 

Mar 04, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000047224

INTERACTIVE PUBLISHING CORPORATION

Principal Place	e of Business	Mailing Address		- I (B\$)(B\$) 310 1011 0101 0011 0011	BB151 BB154 B5831 (4010 11810 11814 B1B1 1881
257 WAHACKME RD 257 WAHACKME RD.					
NEW CANAAN CT 06840-935 NEW CANAAN CT 06840				DO NOT WRITE IN THIS SPACE	
l US I				3. Date Incorporated or Qualifed	, iii iiiio oi 7102
				06/20/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0513322	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23	9	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curren	nt year Intangible
24	25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
SHAMBLEAU, SARAH				ELISSA HOLDEN_	
4255 WEST HUMPHREY				ress (P.O. Box Number is Not Acceptable	le)
APT			83	9 HOLLY LANE	
t .	PA FL 33614				
			84 City Lu7	<u> </u>	FL 85 Zip Code 33549
11. Durguest to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Nassa Hudan _	lielikse			1-1-99
12.	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	DP OFFICERS AND	DELETE	1.1 TITLE	ABBITIONS/SIDANGES TO SITE.	Change Addition
NAME	SWALLEN, CHRISTOPHER		1.2 NAME		
STREET ADDRESS	257 WAHACKME RD		1.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	NEW CANAAN CT 06840		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY- ST-ZIP 3.1 TITLE		Change Addition
NAME		_; becere	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE	-	OELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
<u>-</u>		<del>_</del>	62 NAME		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or an astachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: 4

STREET ADDRESS CITY-ST-ZIP

> (CHRISTOPHER SWALLEN) TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR