## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P97000108319 (9)

INTERNATIONAL MEDIA CORP.

## FILED May 15 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 130 SEA HAMMOCK WAY 130 SEA HAMMOCK WAY PONTE VEDRA FL 32082 PONTE VEDRA FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1997 4. FEI Number .59-3 2a. Mailing Address 2. Principal Place of Business Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip. Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City Zip Code 11. Pursuant 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** Signature, typed or printed name of registered agent and tirie if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE DAMES, PETER A NAME 1.2 NAME 130 SEA HAMMOCK WAY STREET ADDRESS 1.3 STREET ADDRESS PONTE VEDRA FL 32082 CITY-ST-ZIP 1.4 CITY- \$1-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 3.1 THUE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITE F NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information pleniental 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 or the receiver or trustee empowered the occure this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information indicated on this armual report or officer or director of the co Block 12 or Block 13 if cha