

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000006281**

1. Entity Name  
**INTERNET ASSOCIATION CORPORATION**



Principal Place of Business  
**520 SOUTH MAIN STREET  
SUITE 2454  
AKRON, OH 44311**

Mailing Address  
**520 SOUTH MAIN STREET  
SUITE 2454  
AKRON, OH 44311**

**DO NOT WRITE IN THIS SPACE**



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number **34-1838270** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONWAY, CHARLES  
334 3RD AVE.  
LAKE PLACID, FL 33852**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CPS
NAME	PHILBAUM, DONALD R
STREET ADDRESS	520 SOUTH MAIN STREET
CITY-ST-ZIP	AKRON, OH 44311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000140474  
04/29/04-80163-013 150.00

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Don Philbaum*  
**DON PHILBAUM**

*2/9/04 800 968 6004*  
**2/9/04 800 968 6004**