**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002586 (5)**

1. Corporation Name
**INTERACTIVE MULTIMEDIA NETWORK, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 300 SEVILLA AVE., #311<br>CORAL GABLES FL 33134 | 300 SEVILLA AVE., #311<br>CORAL GABLES FL 33134 |

3. Date Incorporated or Qualified: 05/18/1994
3a. Date of Last Report: 05/10/1995

2. Principal Place of Business
21: 5581-B Coach House Circle
22: Suite, Apt. #, etc
23: City & State: Boca Raton
24: Zip: FL
25: Country

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0488983 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BERNARD, MICHAEL D~~
~~300 SEVILLA AVE.~~
~~SUITE 311~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: William J. Auletta
82 Street Address (P.O. Box Number is Not Acceptable): 5581-B Coach House Circle
83
84 City: Boca Raton FL 85 Zip Code: 33434

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when item 10 is filled)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DC | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | VERDIRAMO, VINCENT | | 12 NAME | | |
| STREET ADDRESS | 3163 KENNEDY BLVD. | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | JERSEY CITY NJ 07306 | | 14 CITY-ST-ZIP | | |
| TITLE | PD | ☒ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | BERNARD, MICHAEL D | | 22 NAME | | |
| STREET ADDRESS | 300 SEVILLA AVE., SUITE 311 | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | 24 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | HOGAN, MAUREEN | | 32 NAME | | |
| STREET ADDRESS | 107 COLLARD ST. | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | JERSEY CITY NJ 07306 | | 34 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ Vincent L. Verdiramo 8/1/96 281-798-7082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number
CS 7/11/96