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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002026 (0)

1. Corporation Name  
IMAGINITIS INTERACTIVE, INC.

Principal Place of Business  
435 DEVON PARK DR., #701  
WAYNE PA 19087

Mailing Address  
435 DEVON PARK DR., #701  
WAYNE PA 19087-1944

3. Date Incorporated or Qualified 04/23/1996  
3a. Date of Last Report

2. Principal Place of Business 21 435 Devon Prk Dr Suite, Apt. #, etc. 22 301 City & State 23 Wayne PA Zip 24 19087	2a. Mailing Address 26 435 Devon Prk Dr. Suite, Apt. #, etc. 27 301 City & State 28 Wayne PA Zip 29 19087	4. FEI Number 23-2749045 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARSHALL S	1.2 NAME	
STREET ADDRESS	51 CABOT DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WAYNE PA 19087	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER, GALE L	2.2 NAME	
STREET ADDRESS	822 WASHINGTON PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WAYNE PA 19087	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, THELMA DR	3.2 NAME	
STREET ADDRESS	616 S. 10TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19147	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITSTEIN, JOEL	4.2 NAME	
STREET ADDRESS	106 OLD CROSSING DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BALTIMORE MD 21208	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 (610)254-9790

Date

Daytime Phone #

0007802

CR2E034 (9/96)