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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000559

1. Corporation Name

INTERACTIVE PERFORMANCE OF GEORGIA, INC.

Principal Place of Business

**8000 ARLINGTON EXPRESSWAY
SUITE 320
JACKSONVILLE FL 32211**

Mailing Address

**8000 ARLINGTON EXPRESSWAY
SUITE 320
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

APPLIED FOR 59-3487654

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH LTD INC
1406 HAYS STREET, STE #2
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PCD
HEWITT, WILLIAM B**
STREET ADDRESS **STE 100, 211 KING STREET**
CITY-ST-ZIP **CHARLESTON SC**

TITLE ☐ DELETE

NAME **STD
LONGA, MICHAEL W**
STREET ADDRESS **8000 ARLINGTON EXPRESSWAY, STE 210**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D
Hewitt, William B.**
1.3 STREET ADDRESS **7 Orange Street**
1.4 CITY-ST-ZIP **Charleston, SC 29401**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **ST
Longa, Michael W.**
2.3 STREET ADDRESS **8000 Arlington Exrnwy, Ste. 210**
2.4 CITY-ST-ZIP **Jacksonville, FL 32211**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **CPD
Beffa, Timothy G.**
3.3 STREET ADDRESS **390 South Woods Mill Rd., Ste. 350**
3.4 CITY-ST-ZIP **St. Louis, MO 63017**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

Michael W. Longa

SIGNATURE: **X Michael W. Longa**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 / /99

904-725-3641

Date

Daytime Phone #

CR2E034 (11/98)

0036725