200	LUNIFORM BUSI	<b>NESS REPO</b>	RT (UBR	SECRE TILED	
DOCU	MENT # F9800000204	2		SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Nan				02 1111 -	
IMI-NET, INC.				02 JUN -6 AM 8: 33	
Principal Plac	ce of Business	Mailing Address			
6464 Ca	anoga Avenue			·	
Woodla	nd Hills, CA 91367	(same)			
2. Principal Place of Business 6464 Canoga Avenue		3. Mailing Address 6464 Canoga Avenue			
Suite, Apt	t. W. etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta Wood Las	nd Hills, CA	City & State Woodland Hill	s, CA	4. FEI Number Applied For Not Applicable	7
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	1
91367	USA	91367	USA	Fee Required	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent	4
	NRAI Services, Inc.		············		_
526 E. Park Avenue			Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	Tallahassee FL 3230	1			1
			City	ALZA. FL Zip Code	┪
8. The above	e named entity submits this statement for	the purpose of changing its	egistered office or r	registered agent, or both, in the State of Florida.	1
					1
		•			1
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature	o required when reinstaing) CATE	
9. This corp Tax filing	Signature, typed or printed name of registered agent as contains is eligible to satisfy its intangible requirement and elects to do so, and on back)		PEE IS \$1500 Lee Willion 5-2	10. Election Campaign Financing \$5.00 May Be	
9. This corp Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	Are MAX 1/200 Max Check Payab	PEE IS \$1500 Lee Willion 5-2	10. Election Campaign Financing \$5.00 May Be Added to Fees	
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13. I hereby certify that the information supplied with this filling 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employeered.

CITY-ST-ZIP

**SIGNATURE** 

\_Mark N. Delevie

5/31/02

818.737.4671



IMI-NET, Inc. 6464 Canoga Avenue Woodland Hills, CA 91367 Phone 818.737.4000

Phone 818.737.4000 Fax 818.737.4282

June 3, 2002

Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

IMI-NET, Inc.

Federal I.D. No. 77-0477255 Filing of Annual Report

## Gentlemen:

Attached for filing with the Division of Corporations is one original and one copy of the current Annual Report for the year 2002. We never received the preprinted annual report form with the Company information from the Division. Since the annual report form was evidently lost in the mail, we would appreciate your assistance and consideration in waiving the late fee.

Very truly yours,

Mark N. Delevie Assistant Secretary