

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-12-2004 90331 050 ***150.00

DOCUMENT # J34832

1. Entity Name
INTERMEDIA SERVICE, INC.



Principal Place of Business
**% KLAUS GOLOBEK
2264 SE 17 STREET
FT. LAUDERDALE, FL 33316**

Mailing Address
**% KLAUS GOLOBEK
2264 SE 17 STREET
FT. LAUDERDALE, FL 33316**

00410683



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GOLOBEK, KLAUS
2264 S.E. 17TH STREET
FT. LAUDERDALE, FL 33316**

**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 *Mae Simmons* (NOTE: Registered Agent signature required when reinstating)

DATE 4/2/04

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOLOBEK, KLAUS 2264 S.E. 17TH STREET FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMMONS, MAE 2264 S.E. 17TH STREET FORT LAUDERDALE, FL 33316
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**DO NOT WRITE
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: *Mae Simmons*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04 954-522-8517