

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90392 024 ***150.00

DOCUMENT # L37312

1. Entity Name
INTERACTIVE DIGITAL ACCESS, INC.



Principal Place of Business
3025 EAST SOUTH STREET
ORLANDO, FL 32803-3496

Mailing Address
3025 EAST SOUTH STREET
ORLANDO, FL 32803-3496

DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3049796

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIANNONE, ROBERT
3025 EAST SOUTH STREET
ORLANDO, FL 32803-3496

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC
NAME GIANNONE, ARTHUR A.
STREET ADDRESS 2818 ALSACE CT.
CITY-ST-ZIP ORLANDO, FL 32812

TITLE SDP
NAME GIANNONE, ROBERT
STREET ADDRESS 3025 EAST SOUTH STREET
CITY-ST-ZIP ORLANDO, FL 32803

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07
Date

407-898-3333
Daytime Phone #