FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name L60597 (6) INTERACTIVE MEDIA. INC. Principal Place of Business Mailing Address 1220 PLEASANT PL 1220 PLEASANT PL LAKELAND FL 33801 LAKELAND FL 33801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1990 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 26 59-3059231 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WIEGERT, JOHN H. 1220 PLEASANT PL 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 84 Zip Code 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** Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE TSD DELETE Change ___ Addition 1.1 TITLE NAME WÆGERT, JOHN H. 1.2 NAME STREET ADDRESS 1220 PLEASANT PL 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE PD 2.1 TITLE Change Addition NAME JAMES, DELL 2.2 NAME 3928 WATEROAK DR STREET ADDRESS 2.3 STREET ADDRESS **La**keland FL 33809 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME **GLANDT. GORDON** 3.2 NAME 4108 NORTHMEADOW CIR STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITEE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS**

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 of 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 of the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpo

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

Change

Addition

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME