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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M90809 (8)

1. Corporation Name
INTERNATIONAL MEDIA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3208 E. COLONIAL DR STE 271 ORLANDO FL 32803 US	3208 E. COLONIAL DR STE 271 ORLANDO FL 32803-5121 US

3. Date Incorporated or Qualified: 07/25/1988
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 3208 E. COLONIAL DR.
Suite, Apt #, etc.
22 #271
City & State
23 ORLANDO, FL.
Zip 24 32803 Country 25 USA

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: NOT APPLICABLE ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
GREEN, LINDA M.
3208 E. COLONIAL AVENUE, SUITE 271
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name LINDA M. GREEN
82 Street Address (P.O. Box Number is Not Acceptable) 3208 E. COLONIAL DR, #271
83 #271
84 City ORLANDO FL 85 Zip Code 32803

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 Linda M. Green - LINDA M. GREEN 3-5-97
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	D	☐ DELETE
NAME	COLLINS, TIM	
STREET ADDRESS	7023 COBBLESTONE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	☐ DELETE
NAME	COLLINS, PATTY	
STREET ADDRESS	7023 COBBLESTONE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	☐ DELETE
NAME	GREEN, LINDA	
STREET ADDRESS	1206 W. MAIN	
CITY-ST-ZIP	LEESBURG 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Linda M. Green 3-5-97 352-326-6587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #