

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02849

1. Corporation Name

Artsfusion, Inc.

Principal Place of Business

120 Adriatic Avenue

Anna Brennen

Tampa, FL 33606 USA

Mailing Address

120 Adriatic Avenue

Anna Brennen

Tampa, FL 33606 USA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

21 120 Adriatic Avenue

Suite, Apt. #, etc.

22 Anna Brennen

City & State

23 Tampa, FL

Zip

24 33606

Country

25 USA

2a. Mailing Address

26 120 Adriatic Avenue

Suite, Apt. #, etc.

27 Anna Brennen

City & State

28 Tampa, FL

Zip

29 33606

Country

30 USA

3. Date Incorporated or Qualified

05/01/1984

4. FEI Number

59-2463940

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINSTATEMENT 98-99
TS

81 Name

Anna Brennen

82 Street Address (P.O. Box Number is Not Acceptable)

120 Adriatic Avenue

83

84 City Tampa

FL

85 Zip Code 33606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

President D

XX Change

☐ Addition

1.2 NAME

Anna Brennen

1.3 STREET ADDRESS

120 Adriatic Avenue

1.4 CITY-ST-ZIP

Tampa, FL 33606

2.1 TITLE

VP D

XX Change

☐ Addition

2.2 NAME

Jennifer Person

2.3 STREET ADDRESS

5700 Escondida Blvd. #604

2.4 CITY-ST-ZIP

St. Petersburg, FL 33715

3.1 TITLE

200002949632--8

Change

☐ Addition

3.2 NAME

-08/03/99--01095--001

3.3 STREET ADDRESS

*****61.25 *****61.25

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

200002949632--8

4.3 STREET ADDRESS

-08/03/99--01095--002

4.4 CITY-ST-ZIP

****246.00 ****246.00

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

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 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

JENNI PERSON

5-10-99

Date

Daytime Phone #

CR2E037 (11/98)