


FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90084 046 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003724			
1. Corporation Name INTERACTIVE MEDIA SERVICE FOUNDATION, INC			
Principal Place of Business		Mailing Address	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	845 32ND ST	26	845 32ND ST	7-26-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0517137	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	SARASOTA FL	28	SARASOTA FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 34234	25	Country US	29	Zip 34234
30	Country US				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DONNA L. BARRINGER 845 32ND STREET SARASOTA, FL 34234				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRINGER, HOWARD			1.2 NAME	BARRINGER, DONNA LEIGH	(ADDRESS)	
STREET ADDRESS	ROUTE 1, BOX 174			1.3 STREET ADDRESS	845 32ND STREET		
CITY-ST-ZIP	RUSTBURG, VA 24588			1.4 CITY-ST-ZIP	SARASOTA, FL 34234		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME	BARRINGER, KATHERINE		
STREET ADDRESS				2.3 STREET ADDRESS	ROUTE 1, BOX 174		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	RUSTBURG, VA 24588		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	BARRINGER, H. DOUGLAS		
STREET ADDRESS				3.3 STREET ADDRESS	6525 20TH ST. N.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: **Donna L. Barringer (DONNA L. BARRINGER)** 2-28-99 941-355-1467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)