

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

DOCUMENT # **N94000003724**

1. Entity Name

**INTERACTIVE MEDIA SERVICE FOUNDATION, INC.**

07-02-2002 90806 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1334 CALOHAN RD RUSTBURG VA 24588 US	Mailing Address 1334 CALOHAN RD RUSTBURG VA 24588 US
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2. Principal Place of Business <b>1235 CALOHAN ROAD</b>	3. Mailing Address <b>1235 CALOHAN ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>RUSTBURG VA</b>	City & State <b>RUSTBURG VA</b>
Zip <b>24588</b>	Country <b>US</b>

4. FEI Number <b>65-0517137</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BARRINGER, H. DOUGLAS</b> <b>6525 20TH ST N.</b> <b>SAINT PETERSBURG FL 33702</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.  
**H. Douglas Barringer**  
 SIGNATURE: *H. Douglas Barringer* DATE: **5/28/2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>BARRINGER, DONNA L</b> <b>1334 CALOHAN RD</b> <b>RUSTBURG VA 24588</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BARRINGER, KATHERINE</b> <b>RT. 1 BOX 174</b> <b>RUSTBURG VA 24588</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PTD</b> <b>BARRINGER-NEIGHBORS, DONNA</b> <b>1235 CALOHAN ROAD</b> <b>RUSTBURG VA 24588</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>DARRINGER, H. DOUGLAS</b> <b>6525 20TH STREET N.</b> <b>ST. PETERSBURG FL 33702</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STD</b> <b>BARRINGER, KATHERINE</b> <b>1334 CALOHAN ROAD</b> <b>RUSTBURG, VA 24588</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 617, 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: **DONNA BARRINGER-NEIGHBORS** **RED** DATE: **4-8-02** DAYTIME PHONE #: **434-821-5252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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OR2E037 (9/01)