

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003724

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: INTERACTIVE MEDIA SERVICE FOUNDATION, INC.

**Current Principal Place of Business:**

1235 CALOHAN RD  
RUSTBURG, VA 24588 US

**New Principal Place of Business:**

**Current Mailing Address:**

1235 CALOHAN RD  
RUSTBURG, VA 24588 US

**New Mailing Address:**

FEI Number: 65-0517137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRINGER, H. DOUGLAS  
6525 -20TH ST N.  
SAINT PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

CRANE, SHERI  
4718 78TH COURT EAST  
BRADENTON, FL 34203 US

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.

SIGNATURE: SHERI CRANE

04/27/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: BARRINGER, DONNA L  
Address: 1235 CALOHAN RD  
City-St-Zip: RUSTBURG, VA 24588

Title: STD ( ) Delete  
Name: BARRINGER, KATHERINE  
Address: 1334 CALOHAN RD  
City-St-Zip: RUSTBURG, VA 24588

Title: VTD ( ) Delete  
Name: BARRINGER, H. DOUGLAS  
Address: 6525 20TH STREET N.  
City-St-Zip: ST. PETERSBURG, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTD (X) Change ( ) Addition  
Name: BARRINGER, H. DOUGLAS  
Address: HOLLAND COURT  
City-St-Zip: RUSTBURG, VA 24588

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA BARRINGER

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date