

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082554

FILED
Apr 08, 2005
Secretary of State

Entity Name: INNOVATIVE MEDIA AND PROMOTIONS, INC.

Current Principal Place of Business:

PO BOX 15192
GAINESVILLE, FL 32604

New Principal Place of Business:

PO BOX 12021
GAINESVILLE, FL 32604

Current Mailing Address:

PO BOX 15192
GAINESVILLE, FL 32604

New Mailing Address:

PO BOX 12021
GAINESVILLE, FL 32604

FEI Number: 59-3742630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELSTEIN, BRYAN
1015 WEST UNIVERSITY AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

EDELSTEIN, BRYAN
601 E UNIVERSITY AVE
APT C
GAINESVILLE, FL 32601 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: BRYAN EDELSTEIN

04/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDELSTEIN, BRYAN
Address: 1015 WEST UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EDELSTEIN, BRYAN
Address: 601 E UNIVERSITY AVE APT C
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN EDELSTEIN

D

04/08/2005

Electronic Signature of Signing Officer or Director

Date