

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90055 006 ***158.75

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DOCUMENT # P01000094184

1. Entity Name
INTERACTIVE DIRECT IDEAS, INC.

Principal Place of Business
4532 W. KENNEDY BLVD. #282
TAMPA FL 33609

Mailing Address
4532 W. KENNEDY BLVD. #282
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 S. MAGNOLIA AVE

3. Mailing Address

Suite, Apt. #, etc.

300

City & State

Tampa, FL

Zip

33606

Country

USA

4. FEI Number

59-3746191

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W
106 S. TAMPANIA AVENUE
SUITE 200
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE **Victor W. Holcomb**

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

(NOTE: Registered Agent signature required when reinstating)

1/8/02

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **EDEL, TOM**
 CITY-ST-ZIP **4532 W. KENNEDY BLVD. #282**
TAMPA FL 33609

TITLE ☐ Delete
 NAME **President**
 STREET ADDRESS **Rom, Steven**
 CITY-ST-ZIP **4532 W. Kennedy Blvd #282**
Tampa, FL 33609

TITLE ☐ Delete
 NAME **Treasurer**
 STREET ADDRESS **Bitzer Peter**
 CITY-ST-ZIP **4532 W. Kennedy Blvd #282**
TAMPA, FL 33609

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Vice President/Secretary**
 STREET ADDRESS **Edel, Thomas**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

813-849-8800

CR2E034 (9/01)