


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000094184 1. Entity Name INTERACTIVE DIRECT IDEAS, INC.	
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Principal Place of Business 4890 W. KENNEDY BLVD TWO URBAN CENTRE, SUITE 840 TAMPA, FL 33609	Mailing Address 4532 W. KENNEDY BLVD. #282 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3746191	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS EDEL, THOMAS 4532 W. KENNEDY BLVD. #282 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROM, STEVEN 4532 W. KENNEDY BLVD. #282 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, JUDITH 4532 W. KENNEDY BLVD. #282 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/09/04-80017-001 183.75

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IN THIS SPACE**

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 607, 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  **Judith Williams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04 813-849-8800
Date Daytime Phone #