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CORETARY OF STATE

or or or

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Interactive Marketing Consultants, Inc. (Name of corporation)
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Bowman (Name of contact person)
Interactive Marketing consultants (Firm/Company)
10300 La Costa dr. nte. M (Address)
Boca Raton, Fl. 33433 (City/state and zip code)
For further information concerning this matter, please call:
John Bowman at (561) 391-9050 (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p statement of char in order	-	ed for a corp	oration o	organized	l under th	e laws of	the State	of		
1. The name of th	ne corporation	: <u>Inter</u>	activ	e Mi	arketi	ng	Consu	. Itant	<u> 5,</u>	Inc.
2. The principal of	office address:	6300	La C	osta	dr.	Ste	Μ	Boaa	Rost	on.
Fl.	33433		-							
3. The mailing ad	ldress (if diffe	erent):			-		·			
4. Date of incorpo	oration/qualif	ication:			_ Docum	ent numl	per:			
5. The name and Florida Depart			nt registe	red agen	t and regis	stered off	fice on fil	e with the		
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	211	Via 1)'es	te.	dr.	un	it 20	209	; -	f.
-	Delta	y Be	ach,	, FI	<u> </u>			;	S COR	8 = -
6. The name and (if changed):								d office		1 L C
-	John	Brue	nan					-	FS1	ら い こ に
-	6300	<u>La Ca</u> (P.O. Bo	Sta X NOT acce	dr. ptable)	<u>5+</u>	2 M	. 		- 13-	CA CA
_	Boca R	laton,	FI	. 33	433					
The street addres as changed will b	s of its registe se identical.	ered office	and the st	reet addi	ess of the	busines	s office o	of its regis	tered ag	ent,
Such change was authorized by the	authorized by board, or the	y resolution corporatio	duly add	pted by n notifie	its board d in writii	of directeng of the	ors or by change.	an officer	·so	
O (Signatur	e of an officer or d	(irector)			John	Bow &	MAN Typed name	Pre	Side	nt
I haveby accept to I further agree to performance of n agent. Or, if this hereby confirm th	he appointme comply with vy duties, and document is hat the corpor	nt as registe the provisie I am famili being filed ration has b	ered agen ons of all ar with a merely to een notifi	nt and ag statutes and accep reflect a led in wr	ree to act relative to ot the obli change i iting of th	in this conthe property of the property of the property of the regarders of the property of th	apacity. per and of my posi gistered of e.	complete tion as re office addr	gistered ess, I	
(Sigv	dure of Registered	d Agent)			7 (11310	(Date)			- -
If signing on beh	alf of an entit	y:								
John B						-				
(Ty	ped or Printed Nan	ne)								

* * * FILING FEE: \$35.00 * * *