## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000021354

Principal Place of Business

STREET ADDRESS

ILLUMINACTIVE MULTIMEDIA, INC.

2840-E REMINGTON GREEN CIR TALLAHASSEE FL 32308		2840-e remington green CIR Tallahassee FL 32308		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed		
<del></del>	(D)	On Marillan Address			03/18/1994 4. FEI Number	$ \top$	Applied For
2. Principal Place of Business		2a. Mailing Address			-	Not Applicable	
21		26		59-3236696		5 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Required	
City & State		City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip Cou		This corporation owes the current year Intangible			
24	25	29 30	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	lgent	
			81	Name			
	IINSON, BEN H		82	Street A	Address (P.O. Box Number is Not Acceptable)		
7273 OX BOW ROAD				Succin	tadicas (i .a. bax italiaan a tat rasspicata)		
TALL	AHASSEE FL 32312		83				į
			84	City	FL	85 Z	ip Code
office or n	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the corpor	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoin	hanging itment as	its registered registered
SIGNATURE		(UOTE, D.	letered Age	- Licentura ror	quired when reinstating) DATE		
	Signature, typed or printed name of registered agent		13.	it signature rec	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
12.	PD OFFICERS ANI	DELETE	1.1 TITLE		ADDITIONS OF THE PARTY OF THE P	Chang	
TITLE		_ beecie	1.2 NAME	l			
NAME	ATOMI FOREIT, WILLIAM O III			T ADDRESS			ļ
STREET ADDRESS	837 BROOKWOOD DR						
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Chang	ge
TITLE			2.1 TITLE	ł		L_] Grant	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	DERIVION, INCIDATE IN		2.2 NAME				
STREET ADDRESS	1214 2041111011111			TADDRESS			ľ
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP		[] Chang	ge Addition
TITLE			3.1 TITLE	İ		L] Chang	ge [] Radibon
NAME	MILLER, WILTON R		3.2 NAME				ļ
STREET ADDRESS	3015 WINDSOR WAY		3.3 STREE	TADDRESS			j
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-5	ST-ZIP		[] Chan	ge Addition
TITLE	D	☐ DELETE	4.1 TITLE			Chang	geAudition
NAME	MAYFIELD, CATHERINE D		4. 2 NAME				1
STREET ADDRESS	7510 BUCK LAKE RD		4.3 STREE	TADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TfTLE			Chang	ge 🗌 Addition
NAME			52 NAME	-			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chang	ge 🗌 Addition
NAME			6.2 NAME	-			i
CYDEET ADDRESS			6.3 STREE	TADORESS			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90077 029 \*\*\*150.00