

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90121 040 ***150.00

DOCUMENT # *P94000061525¹²*

1. Corporation Name

Interactive Media Productions, Inc

Principal Place of Business

Mailing Address

*5172 Stratemeyer Dr.
Orlando FL 32839*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8-22-94

2. Principal Place of Business

2a. Mailing Address

5172 Stratemeyer Dr.

5172 Stratemeyer Dr.

4. FEI Number

59-3264774

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22. City & State

Orlando FL

27. City & State

Orlando FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23. Zip Country

32839

28. Zip Country

32839

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Philip F. Keidraish Jr.
5051 Wekiva Springs Rd
Suite 400 Longwood, FL 32779*

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-5-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME *President*

STREET ADDRESS: *William L. Schwartz*

CITY-ST-ZIP: *5172 Stratemeyer Dr.*

TITLE ☐ DELETE

NAME *Orlando FL 32839*

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-ST-ZIP:

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 507, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99 407-859 9059

CR2E034 (1/98)