

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061649

1. Entity Name

INTERACTIVE MEDIA SOLUTIONS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90804 017 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business                                      | Mailing Address   |
| 405 CENTRAL AVENUE<br>SUITE 202<br>ST. PETERSBURG FL 33701<br>US | 405 CENTRAL AVENUE<br>SUITE 202<br>ST. PETERSBURG FL 33701-3867<br>US |

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|  |   |
|--|---|
| Suite, Apt. #, etc.<br><b>SECOND FLOOR</b> | Suite, Apt. #, etc.<br><b>SECOND FLOOR.</b> |
|--|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3258256</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

**FINEFROCK, ROGER W.**  
**405 CENTRAL AVENUE**  
**SUITE 202**  
**ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name  
**KAGAN, EDWIN B**

Street Address (P.O. Box Number is Not Acceptable)  
**2709 ROCKY POINT DR SUITE 102**

City  
**TAMPA** FL Zip Code  
**33607**

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 **EDWIN B. KAGAN** DATE **4/28/00**

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

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

11. OFFICERS AND DIRECTORS

|   |                                 |
|---|---------------------------------|
| TITLE<br><b>P</b>                               | <input type="checkbox"/> Delete |
| NAME<br><b>FINEFROCK, ROGER W</b>               |                                 |
| STREET ADDRESS<br><b>1146 17TH AVENUE NORTH</b> |                                 |
| CITY-ST-ZIP<br><b>ST. PETERSBURG FL</b>         |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                  |                                 |
| CITY-ST-ZIP                                     |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                  |                                 |
| CITY-ST-ZIP                                     |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                  |                                 |
| CITY-ST-ZIP                                     |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                  |                                 |
| CITY-ST-ZIP                                     |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|   |  |
|---|--|
| TITLE<br><b>CIT/S.</b>                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>JONES, KYLE E</b>                              |  |
| STREET ADDRESS<br><b>405 CENTRAL AVENUE, SECOND FLOOR</b> |  |
| CITY-ST-ZIP<br><b>ST. PETERSBURG, FL 33701.</b>           |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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: **KYLE E. JONES** DATE **4/27/00** DAYTIME PHONE # **727-898-0688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)