

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FLORIDA CORPORATIONS

1996-2996

B-

4701

C

DOCUMENT # P94000066575 (9)

1. Corporation Name

INTERNATIONAL DIGITAL BOOK PUBLISHING, INC.



Principal Place of Business

Mailing Address

21919 US 19 NORTH
CLEARWATER FL 34625-2342

21919 US 19 NORTH
CLEARWATER FL 34625-2342

3. Date Incorporated or Qualified

09/06/1994

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1345 SO. MISSOURI AVE.

26 1345 SO. MISSOURI AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 112

27 112

City & State

City & State

23 CLEARWATER, FL.

28 CLEARWATER, FL.

Zip

Zip

Country

Country

24 34616

29 34616

25 USA

30 USA

5. Certificate of Status Desired

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

6. Election Campaign Financing Trust Fund Contribution

8.75 Additional Fee Required

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAFRISSSEN, IAN D
21919 US 19 NORTH
CLEARWATER FL 34625-2342

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

IAN D. KAFRISSSEN

APRIL 25, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETED |
|-------|---------------------|--------------------|-----------------|--------------------------|
| SEC | SPENCE, MADONA | 1620 SO BETTY LANE | CLEARWATER FL | <input type="checkbox"/> |
| TRES | KAFRISSSEN, DIANE D | 620 BAYWAY BLVD | CLEARWATER FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]

IAN D. KAFRISSSEN, PRES.

MAY 25, 1996

(813)441-1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)