FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY 18 PM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091517 (0)**

1. Corporation Name

INTERACTION MEDIA CORPORATION

600001491486
-05/19/95--01077--011
****200.00 ****200.00

Principal Place of Business	Mailing Address
100 SE 3RD AVE SUITE 1600 FT LAUDERDALE FL 33394	100 SE 3RD AVE SUITE 1600 FT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0542810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COOPER, MARSHALL J
100 SE 3RD AVE
SUITE 1600
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BURNSTINE, IRVING R	12 NAME	
STREET ADDRESS	700 BRICKELL AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DRESNER, MILTON H	22 NAME	
STREET ADDRESS	28777 NORTHWESTERN HWY	23 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48034	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DRESNER, JOSEPH S	32 NAME	
STREET ADDRESS	28777 NORTHWESTERN HWY	33 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48034	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	LEVINE, GEORGE	42 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD SUITE 300	43 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181-2710	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	~~NAIMAN, MATTHEW C~~	52 NAME	REMOVED
STREET ADDRESS	~~4505 J CARPINTERIA AVE~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~CARPINTERIA GA 93013~~	54 CITY-ST-ZIP	
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Marshall J. Cooper
STREET ADDRESS		63 STREET ADDRESS	One Financial Plaza, Suite 1600
CITY-ST-ZIP		64 CITY-ST-ZIP	Fort Lauderdale, Florida 33394

Jeb 5-18-95
REMITTED BY MAY 1

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)(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.

SIGNATURE: Marshall J. Cooper 4/25/95 305-524-6100
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0001873 FP