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

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **P9500003394 (0)**

INTERACTIVE DISTRIBUTION, INC.					
Principal Place of Business 10408 SW 49TH PLACE		Mailing Address		T FEBRUORF IID FOLDT DLAF OORST OORST OORST OORST OO	'III OOIEO IIIIOO IIIIO TOILII OIGI IOOF
COOPER CITY FL 33328		COOPER CITY FL 33328			
				3. Date Incorporated or Qualified 3a. I	Date of Last Report
2. Principal Plac	ce of Business	2a, Mailing Address	<i>II</i>	4. FEt Number	Applied For
21 Suite, Apt. #	. etc:	26 644 SE Suite, Apt. #, etc.	4 Avenue	65-0553915	Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	1011 -	6. Election Campaign Financing	\$5.00 May Be
3] - Zip	Country	28 FORT Lau	derdale, FL	Trast Fana Contribution —	Added to Fees
4	[25]	29 33301	30 U SA	 This corporation has liability for Intangib Florida Statutes Yes Ne 	
	g. Name and Address of Curre			10. Name and Address of New Register	
			81 Name		
GOLDEN 644 SE 4			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	DERDALE FL 33301		83		
11. 510	DEVIDURE I E OCCUT		20 00		
			84 City	ı	FL 85 Zip Code
familiär with S:GNATURE	n, and accept the obligations of, Sec Sputter, types or protection in of egistered age	otion 607.0505, Florida Statute	vidte: Registered Agent signature require		ī£.
12. HLE	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	GOLDEN, ERIC J	Попеч	1.2 NAME		□ change □ xodition
SURELT ADDRESS	10408 SW 49TH PLACE		1.3 STREET ADDRESS		
OTM ST. ZUP	COOPER CITY FL 33328		1.4 CHY+S1-ZIP		
HT/F	d Golden, denise a	DELETE	2 1 TITLE		☐ Change ☐ Addition
IAME STREET ADDRESS	10408 SW 49TH PLACE		2.2 NAME 2.3 STREET ADDRESS		
DITY S.F. ZUP	COOPER CITY FL 33328		2 4 CITY-ST-ZIP		
Hit -		☐ DFLFTE	3 1 TITLE		Change Addition
TAME			3 2 NAME		
STREET ADOPESS			3.3 STREET ADDRESS		
OTY ST ZIF		DELETE	34 CHY-ST-ZIP 4.1 TITLE		Change Addition
VAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
0(1Y+S1+ZIF)		F 55(1)(4.4 CITY - \$T - 7IP		
HILE NAME		☐ DELFTE	5. 1 TITLE 5.2 NAME		Change Addition
STREET ADURESS			5.3 STREET ADDRESS		
01Y-SI-7(P			5 4 CITY - ST - ZIP		
1:11.1		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
MAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
01y 51-7/9 [14. I do hereby	certify that the information survolved	with this filing is voluntarily fo	64 CITY-ST-ZIP Irnished and does not qualify t	for the exemption stated in Section 119 07/3/k), Florida Statutes. I further
certify that bath; that happears in	the information indicated on the a am an officer or director of tribinary Block 12 or Block 13 if changes, o	nual report or supplemental ar coration or the receiver or trus r on a lattachment with an ac	nnual report is true and accura tee empowered to execute the dress.	for the exemption stated in Section 119.07(3)/k ate and that my signature shall have the same I is report as required by Chapter 607, Florida S	egal effect as if made under tatutes; and that my name

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1676 (954)43Y-9600