SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION ANNUAL REPORT** 



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

1996

| DOCUMEN I #<br>1. Corporation Name | P95000008198 (0) |   |
|------------------------------------|------------------|---|
| INNOVATIVE MEDIA                   | GROUP, INC.      |   |
| Principal Place of Business        | Mailing Address  | · |

| INNOVA                     | ATIVE MEDIA GROUP, INC   |   |  |                   |  |
|----------------------------|--|---|--|-------------------|--|
| Principal Place            | Principal Place of Business Mailing Address                                  |   | T TO STATE OF THE SOUR BONK BONK BONK BONK BONK BONK BONK BONK |                   |  |
| 1742 NE 28TH<br>WILTON MAN | I DRIVE<br>ORS FL 33334  | 1742 NE 28TH DRIVE<br>WILTON MANORS FL 3333 | 34   |                   |  |
|                            |  |   |  |                   | 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1995   |
| 21                         | lace of Business   | 2a. Mailing Address 26                      |  |                   | 4. FEI Number Applied For Not Applicable   |
| Suite, Apt                 |  | Suite, Apt #, etc.                          |  |                   | 5. Certificate of Status Desired \$8.75 Additional Fee Required  |
| City & State               |  | City & State                                |  |                   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |
| Zip<br><b>24</b>           | Country 25   | Ζιρ<br><b>29</b>                            | Coun   | try               | 8. This corporation has hability for intangible tax under s. 199 032.  Fiorida Statutes Yes No   |
|                            | <ol><li>Name and Address of Current</li></ol>                                | ent Registered Agent                        | -  |                   | 10. Name and Address of New Registered Agent   |
| KR/                        | AVITZ, KEITH M   |   | 1  | 91 Nam            | ne   |
| 1742 NE 28TH DRIVE         |  |   | 1  | 32 Stree          | et Address (P.O. Box Number is Not Acceptable)   |
| WIL                        | TON MANORS FL 33334  |   |  | 33                |  |
|                            |  |   |  | 34 City           | 85 Zip Code  |
| 11 Purcuant                | to the previouse of Sections 607.06  | 02 and 507 1509 Flavida Statuta             | , the cha  |                   | FL   65   2-10 |
| office or re               | egistered agent or both, in the Stat<br>m familiar with, and accept the obju | e of Florida. Such change was ai.           | uthorized <b>t</b>   | by the cor        | progration submits this statement for the purpose of changing its registered progration's board of directors. Thereby accept the appointment as registered   |
| SIGNATURE                  | Signature typed of participation of registered as                            | cavita                                      |  |                   | other required anon-rendatasy:  ONL  |
| 12.                        |  | ND DIRECTORS                                | 13.  | Agra I Sigran     |  |
| TITLE                      | 0  | DELFTE                                      | 1 1 TITL   | F                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   |
| NAME                       | Kravitz, Keith M   |   | 1.2 NAN  | 16                |  |
| STREET ADDRESS             | 1742 NE 28TH DRIVE   |   | 1 3 STR  | EFT ADDRESS       | 35   |
| CITY-ST-ZIP                | WILTON MANORS FL 33334   |   |  | - ST - ZIP        |  |
| TITLE<br>NAME              |  | DELETE                                      | 2 1 TITL   |                   | Change Addition  |
| STREET ADDRESS             |  |   | 2.2 NAM  | il<br>Eet address |  |
| CITY-ST-ZIP                |  |   |  | r - ST - ZIP      | נג   |
| TITLE                      |  | DELETE                                      | 3 1 TiTL   |                   | Cnange Addition  |
| NAME                       |  |   | 3.2 NAN  | IE.               |  |
| STREET ADDRESS             |  |   | 3.3 STR  | EET ADDRESS       | is   |
| CITY - ST - ZIP            |  |   | 34 01  | Y-ST Z:P          |  |
| TITLE                      |  | DELETE                                      | 4 : TITL   |                   | Change Add-tion  |
| NAME<br>CARCET ADDRESS     |  |   | 4 2 NA)  |                   |  |
| STREET ADDRESS             |  |   |  | EET ADDRESS       | \S   |
| CITY+ST+ZIP<br>TITLE       |  | DELETE                                      | 4.4 C/TY   | '-ST-ZIP<br>F     | Change Addution  |
| NAME                       |  | L.J. Piccie                                 | 5.2 NAN  |                   |  |
| STREET ADDRESS             |  |   |  | EET ADDRESS       | 55   |
| CITY - ST - ZIP            |  |   | 1  | -\$1-7iP          | ~  |
| TITLE                      |  | DELETE                                      | 6 1 TiTL   |                   | Change Addition  |
| NAME                       |  |   | 6.2 NAV  |                   |  |
| STREET ADDRESS             |  |   | •  | EET ADORESS       | ss   |
| CITY - ST - ZIP            |  |   | 6.4 CITY   | -ST-71P           |  |
| 14. I do hereb             | by certify that the information suppli                                       | ed with this filing is voluntarily fun      | nished an  | d does no         | not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I  |

I do hereby certify that the information supplied with this filling 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address

IGNATURE:

\*\*SIGNATURE\*\*

\*\*

SIGNATURE:

6/17/96 951-566-2010