FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000011036 (7)**

1. Corporation Name
INTERNET PROMOTIONS, INC.

Principal Place of Business
C/O EDWARD M LIVINGSTON, ESQ.
P O BOX 1599
WINTER PARK FL 32790

Mailing Address
C/O EDWARD M LIVINGSTON, ESQ.
P O BOX 1599
WINTER PARK FL 32790

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 INTERNET PROMOTIONS, INC.
Suite, Apt. #, etc.
22 11929 E. COLONIAL DR. STE. 320
City & State
23 ORLANDO, FL
Zip 24 32826 Country 25 US

2a. Mailing Address
26 11929 E. COLONIAL DR.
Suite, Apt. #, etc.
27 STE 320
City & State
28 ORLANDO, FL
Zip 29 32826 Country 30 US

4. FEI Number: 59-3295231 ☐ 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
LIVINGSTON, EDWARD M
628 ELLEN DR
WINTER PARK FL 32790

10. Name and Address of New Registered Agent
81 Name: THOMAS M. GRIFFIN
82 Street Address (P.O. Box Number is Not Acceptable): 3752 BRANDY ST
83
84 City: ORLANDO FL 85 Zip Code: 32812

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: THOMAS M. GRIFFIN (Signature of a corporate officer or registered agent is required if applicable) (NOTE: Registered Agent signature required when filing) DATE: 5/20/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GRIFFIN, THOMAS M	
STREET ADDRESS	3752 BRANDY ST	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	☒ DELETE
NAME	GLINSKY, MARK S	
STREET ADDRESS	20706 MALLARD PKWY	
CITY-ST-ZIP	ORLANDO FL 32833-3964	
TITLE	D	☐ DELETE
NAME	STAFNE, MARK A	
STREET ADDRESS	8122 CANYON LAKE CIR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: MARK A. STAFNE (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 6/3/96 (Date) 407-292-3164 (Daytime Phone #)

CR2E034 (12/95)