FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION

ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 02 1998 8:00am Secretary of State

i '	MENT # P95000 NTERACTIVE MEDIA SERVIC	=				
Principal Place of Business Mailing Address						I ANDRI EINDE DEKRI DEKEN DARE 1886
% LEON D. SOLOMON 803 LONGBOAT CLUB RD LONGBOAT KEY FL 34228		% LEON D. SOLOMON 603 LONGBOAT CLUB RD LONGBOAT KEY FL 34228		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					03/30/1995	
2. Principal P	Place of Business 2a. Mailing Address 25				4. FEI Number 58-2178557	Applied For Not Applicable
_	uite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22 2 2 2 City & State		City & State			6. Election Campaign Financing	Fee Required \$5.00 May Be
28 28					Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζφ 29	, ·		This corporation owes or has paid the Personal Property Tax due June 30.	current year Intandible Yes No
[24]	9. Name and Address of Currer	11	30		10. Name and Address of New Register	
CT CORPORATION SYSTEM			61	Name		
660 E. JEFFERSON ST			62	Street Addre	et Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301			63			
ı						
			84	City	F	Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig.	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above authorized by rida Statute	e-named corp the corporati s.	oration submits this statement for the purposion's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	(NOT)	Daglatared And	ant olerative same des	ed when reinstating) DA1	C
12.	OFFICERS AN		13.	art signature require	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	SOLOMON, LEON D					;
STREET ADDRESS	603 LONGBOAT CLUB RD		1.3 STREET			إ
CITY-ST-ZIP	LONGBOAT KEY FL 34228	DELETE	1.4 CITY - S	ST-ZIP		Change Addition
TITLE NAME	SD SOLOMON, STEVEN N	L. Detter	2.1 TITLE 2.2 NAME			CT Ollarido CT Vocarion
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	***************************************		2. 4 CITY-			
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	3		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	Dri cre		3.4. CITY-5	ST-ZIP		Observe
TITLE		☐ DELET e	4.1 TITLE			Change Addition
NAME			4. 2 NAME 4.3 STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP				1		
TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE			☐ Change ☐ Addition
NAME						
STREET ADDRESS	5.3		5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T - ZIP		
TITLE			6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP		(a) a) :	6.4 CHY-S		Castian 110.07/3/// Florido Ctatutos I furtho	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 apachment with an address.

Steven Al Silvan

2/24/44