

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90061 043 \*\*\*150.00

**DOCUMENT # P95000031909**

1. Entity Name  
**INTER ACTIVE MEDIA OF AMERICA, INC.**



Principal Place of Business  
**6735 SUNSET STRIP  
SUITE 6735  
FT. LAUD FL 33313  
US**

Mailing Address  
**6735 SUNSET STRIP  
SUITE 6735  
FT. LAUD FL 33313  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0583142**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**PATT, BRYON  
6790 N.W. 29TH CT.  
SUNRISE FL 33313**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PERTESIS, CHRISTOPHER</b>	
STREET ADDRESS	<b>6790 N.W. 29TH CT.</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33313</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FERRARO, RENEE</b>	
STREET ADDRESS	<b>926 S.W. 21ST CT.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33315</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PATT, BRYON</b>	
STREET ADDRESS	<b>6790 N.W. 29TH CT.</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33313</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HANSEN, JEAN F</b>	
STREET ADDRESS	<b>7495 N.W. 33RD STREET</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bryon Patt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/3/03*  
Date

*954-522-9809*  
Daytime Phone #

CR2E034 (10/02)