Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90178 014 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014901

1. Corporation Name

INTERNATIONAL DATA BROADCASTING, INC.

Principal Place	e of Business	Mailing Address	<u> </u>				
601 W ROBERTSON PO BOX 3310							
BRANDON FL 33511 BRANDON FL 33509						DO NOT WOITE IN THE CRACE	
US US						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 02/14/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
		26				59-3369344 Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired	1
22		27				1 de Mequinos	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip Country		Zip Country				8. This corporation owes the current year Intangible	
24	25	29	30			resolidi i toporti i tak	
	9. Name and Address of Curren	t Registered Agent	_	94	Nama	10. Name and Address of New Registered Agent	\dashv
DAC	C DIMAVNE A			81	Name		
	S, DWAYNE A EAGLE LANE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
APU	LLO BEACH FL 33572			83			
				84	City	85 Zip Code	
						FL S Z S S S S S S S S	
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligat	nt Fiorida. Such chabde was a	LULIONZO	J DV :	uie colbolai	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered 2//0/99	
SIGNATURE	Signature, typed or printer name of registered agen	t and title if applicable. (NOTE	: Registered	Agen	t signature requir	ired when reinstating) DATE	
12,	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PSTD	☐ DELETE	1.1 T	TLE		☐ Change ☐ Ad	dition
NAME	PASS, DWAYNE A		1.2 N	AME			
STREET ADDRESS	915 EAGLE LANE		1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL 33572		1.4 C	ITY-ST	ZIP	·	
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE 2.1 T		TLE		☐ Change ☐ Ad	dition
NAME			2.2 N	AME			
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CITY-ST-ZIP			2.40	ЭTY-S	T-ZIP	· •	
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STREET ADDRESS			3.3 S	TREET	ADDRESS		ì
CITY-ST-ZIP			3.4. 0	HTY-S	T-ZIP		
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NAME			4.21	AME			
STREET ADDRESS					ADDRESS		
			3	ΠY-S1			
CITY-ST-ZIP		☐ DELETE	5.1 T			· Change Ad	dition
NAME				AME		**	
STREET ADDRESS			5.3 \$	TREET	ADDRESS		
			5.4 0	ITY-SI	r-zip	·	
CITY-ST-ZIP TITLE		☐ OELETE	6.1 T	MLE	 	☐ Change ☐ Ad	dition
NAME			6 2 N	AME			
STREET ADDRESS			6.3 S	TREET	ADDRESS		1
A LIKEC I WENTEGO	i i		_		,		

CITY-ST-ZIP 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 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, with all other like empowered.

6.4 CfTY-ST-ZIP

SIGNATURE:

813-651-5511