


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000017349</b> 1. Entity Name INTERNATIONAL MIDRANGE SYSTEMS, INC.	
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Principal Place of Business 6882 EDGEWATER COMMERCE PKWY, SUITE #200 ORLANDO, FL 32810	Mailing Address 6882 EDGEWATER COMMERCE PKWY, SUITE #200 ORLANDO, FL 32810
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01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3436264	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  PAIGE, THERESA 7699 LK GANDY CIRCLE ORLANDO, FL 32810
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000019802 01/29/04-80039-023 USD 00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAIGE, THERESA 6882 EDGEWATER COMMERCE PKWY, SUITE #200 ORLANDO, FL 32810
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** Theresa Paige **1-29-04** **4075215408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #