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

FILED Jun 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 60000 42785 InterMedia Publishing Inc Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 4. FEI Numbe 2a. Mailing Address 2. Principal Place of Business Applied For 2120 Southwest 33 Avenue 26 2120 Southwest 33 Kuenne lo5 -0666 to 7 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be lort 28 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes Yes X No Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Bi Name Jesse J. Last 2120 S.W. 33 Buc. 62 Street Address (P.O. Box Number is Not Acceptable) **B**3 F1. Laudevolule, FL 33312-350 84 City Zip Code 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 londs. 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 (NCITE Registered Agont signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DEFICERS AND DIRECTORS 12. 13. Change Addition 1.1 TITLE Scretary TITLE Mindy Last 2120 S.w. 33 Auc. NAME 12 NAME 1.3 STREET ADDRESS STREET ADDRESS 33312-3750 Ft. lovelevelate, FL 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 700002545357 DELFTE \_\_\_ Addition 6.1 TITLE TITLE 6.2 NAME NAME

14. 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.

STREET ADDRESS

CITY-ST-7IP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

-06/03/98--01010--003

\*\*\*450.00