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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000054966 (2)

INFORMATION MEDIA GROUP, INC.

Principal Place of Business Mailing Address 11440 OKEECHOBEE BLVD. 11440 OKEECHOBEE BLVD. **203** ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411-8707 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0674132 26 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes X No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 ADERMAN, JEFFRY C.B. 148 BOBWHITE ROAD Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 83 84 City 85 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature: types or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Adeiman, Jeffry (C.B)
HB Bobwhite Road
Royal Blim Bch, FL 33411 DELETE ☐ Change ☑ Addition TITLE 1.1 TITLE NAME 1.2 NAME CR2E034 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST-ZIP CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$7 - 2\P CrTY - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME 53 STREET ADDRESS STREET ADDRESS

14. I do 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 path; 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.

5.4 CHTY - ST-ZIP

63 STREET ADDRESS 64 CITY-ST-ZIP

61 TITLE

62 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

C:TY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

2888-535 59/8

FILED

Jan 17 1997 8:00am

Secretary of State

Daytime Phone #

Change

Addition