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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P96000092579 (7)

FILED Feb 06 1997 8:00am Secretary of State

INVESTOR MEDIA DATA D	ISTRIBUTION, INC.		
Principal Place of Business	Mailing Address		
49 ALAFAYA WOODS BLVD BUITE 335 OVIEDO FL 32765	49 ALAFAYA WOODS BL' SUITE 335 OVIEDO FL 32765-6335	VD	
VILEDO FE REFIGS	OTIESS TE SETO, OND		3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Place of Business	2s. Mailing Address		4. FEI Number Applied For
21 🕏	26		59 34/4088 Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22	27		Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28	Country	Trust Fund Contribution Added to Fees
Zip Country 25)	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	29 ss of Current Registered Agent	1301	10. Name and Address of New Registered Agent
CORPORATION SERVICE	A	81 Na	
1201 HAYS STREET	COMPANI	1 0	reet Address (P.Q. Box Number is Not Acceptable)
TALLAHASSEE FL 32301-	959 5	82 Stre	reet Address (P.D. Box Number is Not Acceptable)
TALLA MODE TE DEGOTO	LVEU	83	335
		84 Cit	
		84 City	VIEDO FL FL 85 ZIO COOR S
11. Pursuant to the provisions of Secti	ons 607.0502 and 607.1508, Florida Statu	ites, the above-nam	med corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, agent. I am familiar with, and acco	, in the Stare of Florida, Such change was opt the obligations of Section 607.0505, F	lauthorized by the liferida Statutes.	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE () X X	10.00		
Signature, typical or printed name			politing required when reinstating) DATE
	FICERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Garden Addition
DAVID J.	11 2000 12 W 11 -	1.1 TiTLE	Change Addition 6
NAME PRESIDEN	151 10005 BCV0 #3:	1.2 NAME	7
STREET ADDRESS 49 PLANT	THE POUNT BUNG	1.3 STREET ADDRE	18
THE OFFECO	DELETE	1.4 CITY-SY-ZIP 2.1 TITLE	Change Addition C
NAME		2.2 NAME	
STREET ADDRESS	,	2.3 STREET ADDRE	RESS
CITY-ST-ZIP		2 4 CITY-ST-ZIP	·
TRILE	DELETE	3.1 TAILE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3 3 STREET ADDRE	RESS
CITY - ST - Z(P		3.4. City-St-ZiP	P
TIPLE	DELETE	41 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRE	RESS
CITY- S1-ZIP	T prieve	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME CAREEY ADDITION		5.2 NAME	DECC.
STREET ADDRESS		5.3 STREET ADDRI	
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME	_ Sittle	62 NAME	- Viningo - Position
STREET ADDRESS		6.3 STREET ADDR	2210
CHY-SI-7IF		6.4 City-ST-ZiP	
14. I do hereby certify that the informa	ation supplied with this filing does not qua	lify for the exemption	tion stated in Section 119.07(3)(i). Florida Statutes, I further certify that the
information indicated on this annu I am an officer or director of the ci	al report or supplemental annual report is orporation or the receiver or trustee empo	true and accurate wered to execute t	e and that my signature shall have the same legal effect as if made under oath; that this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: