FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000095432 (6)**

1. Corporation Name
INTERACTIVE MEDIA SYSTEMS USA, INC.

Principal Place of Business	Mailing Address
9948 TWIN LAKES DR CORAL SPRINGS FL 33071	9948 TWIN LAKES DR CORAL SPRINGS FL 33071-5336

3. Date Incorporated or Qualified: 11/18/1996
3a. Date of Last Report:

2. Principal Place of Business
21 2141 N.E. 51 ct.
22 Suite, Apt. #, etc. East Apt.
23 City & State: Ft. Lauderdale, FL
24 Zip: 33308
25 Country: USA

2a. Mailing Address
26 2141 N.E 51 ct.
27 Suite, Apt. #, etc. East Apt.
28 City & State: Ft. Lauderdale, FL
29 Zip: 33308
30 Country: USA

4. FEI Number: 65-0712397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PENDAS, TOM
9948 TWIN LAKES DR
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: Tom Pendas
82 Street Address (P.O. Box Number is Not Acceptable): 2141 N.E. 51 Ct.
83 East Apt.
84 City: Ft. Lauderdale FL 85 Zip Code: 33308

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: T Pendas — Tom Pendas, President — DATE: 2/18/97
Signature, type/print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PENDAS, TOM	1.2 NAME	
STREET ADDRESS	~~9948 TWIN LAKES DR~~	1.3 STREET ADDRESS	2141 N.E 51 Ct. Apt. East
CITY-ST-ZIP	~~CORAL SPRINGS FL 33071~~	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KARAMANOGLOU, ALEX	2.2 NAME	
STREET ADDRESS	~~9948 TWIN LAKES DR~~	2.3 STREET ADDRESS	9271 West Bay Harbor Dr #11
CITY-ST-ZIP	~~CORAL SPRINGS FL 33071~~	2.4 CITY-ST-ZIP	Bay Harbor Island, FL 33154
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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.

SIGNATURE: T Pendas — Tom Pendas, President — 2/18/97 — 954-489-3104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D166504