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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099732 (5)

INTERNATIONAL PUBLISHING AND MEDIA, INC.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1133 BAL HARBOR BOULEVARD. #1139-215 1133 BAL HARBOR BOULEVARD. #1139-215 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0718874 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHAPMAN, ROBERT 1133 BAL HARBOR BOULEVARD, #1139-215 82 Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33950 83 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 egen), 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 familia, with and agreent the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TIT) F CHAPMAN, ROBERT 1.2 NAME NAME 1133 BAL HARBOR BOULEVARD, #1139-215 1.3 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CHAPMAN, JUDITH NAME 2.2 NAME 1133 BAL HARBOR BOULEVARD, #1139-215 STREET ADDRESS 2.3 STREET ADDRESS PUNTA GORDA FL 33950 2. 4 CITY-ST-ZIP COTY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 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 DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 of 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 character, or on an attachment with an address.

SIGNATURE:

KARLES BEQUIRED

1/3/98 9416399676

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