Applied For

FILED

OHER 27 AHO: 03

MILAMASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103161

KABOOM MARKETING, INC.

| Daise algorithms | a 4 Dudinata | Mailing Address | | | | - (| |
|--|--------------|------------------------------|-----|--------|-----------------|---------|-----------------------------------|
| Principal Place of Business 1551 SANDSPUR RD MAITLAND FL 32789 US | | POB 4961 ORLANDO FL 32802 | | | | | |
| | | | | | | | |
| | | US | | | DO NOT WRITE II | | |
|] | | | | | | 3. | Date Incorporated or Qualifed |
| } | | | | | | 1 | 12/23/1996 |
| 2. Principal Place of Business | | 2a, Mailing Add | ess | | | 4. | . FE i Number |
| 21 | | [26] | | | | | 59-3431806 |
| Suite, Apt #, etc. | | Suite, Apt. #, etc | | | |) . | Certificate of Status Desired [|
| 22 | | 27 | | | | ٠. | Control of Children Co. S. Co. |
| City & State | | City & State | | | | 6. | Election Campaign Financing |
| 23 | | 28 | | | | 1 | Frust Fund Contribution |
| Zıp | Country | Zφ | C | ountry | | 8. | This corporation owes the current |
| 24 | 25 | 29 | 30 | | | | Personal Property Tax |
| Name and Address of Current Registered Agent | | | | | | 10. | Name and Address of New Regi |
| | | | | 81 | Name | | |
| B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N ORANGE AVENUE | | | | | Street Add | ress (F | 2.0 Box Number is Not Acceptable |

59-3431806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax []Yes 10. Name and Address of New Registered Agent

SUITE 1100 83 ORLANDO FL 32801 84 85 710 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. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

| SIGNATURE | Signature, typed or pooled made of registered agent and the if application | N THE REA | osead Ago (syratae re | reconstitute to starting. |
|----------------|--|-----------|-----------------------|---|
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D [10 |)ELF1E | 11 THE | [Change |
| NAME | SHASSIAN, LOUIS | 1 | 1.2 NAME | |
| STREET ADDRESS | 1551 SANDSPUR RD | | 1.3 STHEET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL 32751 | 1 | 14 C/TY- \$1-Z/P | |
| TITLE | P | DELETE I | 2171116 | [Change () Addition |
| NAME | GINSBURG, R | | 2.2 NAME | nnnnn28588804 -(4/30/9901112005 |
| STREET ADDRESS | 1551 SANDSPUR RD | | 23 STREET ADDRESS | -84/38/9901112 000 ****158.88 ****158.08 |
| CITY-ST-ZIP | MAITLAND FL 32751 | | 2.4 C/TY-\$1-Z/P | ****150.00 ****150.00 |
| TITLE | | PELETE | 317/// | [Change [Addition |
| NAME | | | 32 NAME | |
| STREET ADDRESS | | 1 | 3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 34 CITY-S1-ZIP | |
| TITLE | [10 | ELETE | 4 1 Title | [Change [] Addition |
| NAME | | ľ | 4 2 NAME | |
| STREET ADDRESS | | } | 43 STREET ADDICESS | |
| CITY-ST-ZIP | | . 1 | 4.4.C(1Y-S1-Z(P) | |
| TITLE | [] | ELETE . | 51101.6 | [] Change [] Addition |
| NAME | | į. | 5.2 NAME | |
| STREET ADDRESS | | Į. | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | 01] | ELETE | 61 TITLE | [Change |
| NAME | | 1 | 62 NAME | |
| STREET ADDRESS | | ì | 63 STREET ADORESS | \sim |
| CITY-ST-ZIP | | 1 | 64 CITY-ST-ZIP | $I_{\mathcal{W}}$ |

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filling 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with the information supp

SIGNATURE:

STANDER AND TYPED OF PRINTED NAME OF SIGNING GENCER OF DIRECTOR
WOULS SHASSLAN, DIRECTOR DIRECTOR