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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90079 020 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000003543

1. Corporation Name

Netstorm Interactive Services, Inc.

Principal Place of Business

Mailing Address

1001 W.T. Harris Blvd P52
Charlotte, NC 28213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 14, 1997

2. Principal Place of Business

2a. Mailing Address

21 1001 E. W.T. Harris Blvd

26

4. FEI Number

59-3421175

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P52

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Charlotte, NC

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 28213

25

29

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8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Florida Incorporators, Inc.
1221 Brickell Ave. Ste. 900
Miami, FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D Collier, Lillia S.
STREET ADDRESS 11420 Coreopsis Rd
CITY-ST-ZIP Charlotte, NC 28213

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Correct Street Should
1.3 STREET ADDRESS Read
1.4 CITY-ST-ZIP 11420 Coreopsis Rd.

TITLE ☐ DELETE
NAME P Collier, Greg
STREET ADDRESS 11420 Corpsis Rd.
CITY-ST-ZIP Charlotte, NC 28213

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Correct Street Should
2.3 STREET ADDRESS Read
2.4 CITY-ST-ZIP 11420 Coreopsis Rd.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Signature Required

Greg Collier, President

4/20/99

704-596-0427

Date

Daytime Phone # 0182021