FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90351 048 ***150.00

658151

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012348

1. Entity Name: I.M.P.A.C.T. - interactive Multimedia Products And computer Technologies

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
607 Kensigton Ct	PO Box 29137
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Walton Bch, Fl	City & State: San Francisco, CA
Zip: 32548 Country: USA	Zip: 94129 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59 3423474 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Mike Van Dyke
Street Address (P.O. Box Number is Not Acceptable): 607 Kensington Court
City: Fort Walton Bch **FL** Zip Code: 32548

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Mike Van Dyke DATE: 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	CEO / President
NAME	Mike Van Dyke
STREET ADDRESS	607 Kensington Court
CITY-ST-ZIP	Fort Walton Bch Fl 32548
TITLE	Chairman of the Board
NAME	Jeff Burkland
STREET ADDRESS	607 Kensington Court
CITY-ST-ZIP	Fort Walton Bch, Fl 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Van Dyke — Date: 4/29/02 — Daytime Phone #: 888-558-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR