

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000012348

FILED
Apr 18, 2003
Secretary of State

Entity Name: I.M.P.A.C.T. - INTERACTIVE MULTIMEDIA PRODUCTS AND COMPUTER TECHNOLOGIES, INC.

Current Principal Place of Business:

607 KENSINGTON COURT
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 29137
SAN FRANCISCO, CA 94129 US

New Mailing Address:

FEI Number: 59-3423474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN DYKE, MIKE
607 KENSINGTON COURT
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: VAN DYKE, MIKE
Address: 607 KENSINGTON COURT
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: COB () Delete
Name: BURKLAND, JEFF
Address: 607 KENSINGTON COURT
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE VAN DYKE

CEOP

04/18/2003

Electronic Signature of Signing Officer or Director

Date