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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700064430 (6)

ACTIVE MEDIA ONLINE, INC.

FILED
May 15 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address				- T SOUNDOL IND IDNIN HODIN BOWN DOWN DOWN BOWN BOWN BIRKE DEADD WHA DOWN INDI		
6405 GRISSOM PARKWAY COCOA FL 32927 6405 GRISSOM PARKWAY COCOA FL 32927						
				3. Date Incorporated or Qualifi	RITE IN THIS SPACE	
				07/23/1997	64	i
2. Principal Place of Business	2a. Mailing Address			4, FEI Number		Applied For
21 68m 8_	26 5 bm 2	6 5Am 2		59-3459119	a [Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.	.75 Additional
22	27			b. Certificate of Status Desired	<u> -</u>	ee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
Zip Country	7in	Zip Country		Trust Fund Contribution		dded to Fees
24 25	29	30	,	 This corporation owes or has Personal Property Tax due J 		
9, Name and Address of Curre		1001		10. Name and Address of New		
LIPMAN, DAVID		81	Name			
6405 GRISSOM PARKWAY		82	Street Address (P.O. Box Number is Not Acceptable)			
COC O A FL 32927			Oli Obi Addi Ci	35 (1.0), BOX HOMBOL IS NOT NOOD	ptabley	
		83	8			
		84	City		85	Zip Code
					 	·
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State 	∍of Florida. Such chan o e was :	authorized b	v the corporatio	ration submits this statement for t n's board of directors. I hereby a	he purpose of chang coept the appointme	ging its registered
agent. I am familiar with, and accept the obliq	ations of, Section 607.0505, Fl	orida Statute	S.			
SIGNATURE Signature, typed or printed name of registered ag	FDM (1.1)	L. Dozistand An	ent signature required	Luber releations	DATE	
	ID DIRI CTORS	13.	Citt Signatore regules	ADDITIONS/CHANGES TO O		CTORS IN 12
TITLE D	DELETE	1.1 TITLE			·····	nange Addition
NAME LIPMAN, DAVID		1.2 NAME				
STREET ADDRESS 6405 GRISSOM PARKWAY		1.3 STREE	T ADDRESS			
CITY-ST-ZIP COCOA FL 32927		1.4 CITY-1	ST-ZIP	·		
TITLE	DELETE 2.1 TI				☐ Ch	iange 🔲 Addition 🖰
NAME		22 NAME				İ
STREET ADDRESS		4	T ADDRESS		•	
CITY-ST-ZIP TITLE	DELETE	2 4 CITY- 31 TITLE	SI-ZIP		☐ Ch	ange Addition
NAME		32 NAME				ango [] Rouldoll
STREET ADORESS		3.3 STREET	I ADDRESS			
CITY-ST-2IP		3.4. CITY -				
TITLE	DELFTE	4.1 TITLE			☐ Ch	ange Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET	1 ADDRESS			
CITY-ST-ZIP		4.4 CITY - 9	S1-ZIP			
TITLE	DELFTE	5.1 TITLE			☐ Cha	ange 🔲 Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET				
CITY-ST-ZIP	DELETE	5.4 CITY - S	ST-ZIP		1106	ange Addition
TITLE NAME	☐ NETE IE	6.1 TITLE			∐ Cha	ange [_] Addition
STREET ADDRESS		6.2 NAME	ADDRESS	· ·		
CITY-ST-ZIP		63 STREET				
14. Chereby certify that the information supplied w	with this filing does not qualify for	64 CiTY-S		action 119 07/3Vi). Florida Statute	se I further cortify the	at the information

4. 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 supplicing that annual report is frue 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.