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May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000065605 (2)

1. Corporation Name

BRAINSTORM INTERACTIVE, INC.

Principal Place of Business

4720 DEVONSHIRE BOULEVARD  
PALM HARBOR FL 34685

Mailing Address

4720 DEVONSHIRE BOULEVARD  
PALM HARBOR FL 34685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

59-3461195

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 28870 US HWY. 19 N.

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 300

Suite, Apt. #, etc.

27 City & State

23 CLEARWATER, FL

City & State

24 Zip

Country

33761

U.S.A.

Zip

Country

29

30

9. Name and Address of Current Registered Agent

REITER, SIMON  
4720 DEVONSHIRE BOULEVARD  
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

*Simon Reiter* SIMON REITER, COO

4/22/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	CECILIA B. REITER	
STREET ADDRESS	4720 DEVONSHIRE BLVD.	
CITY-ST-ZIP	PALM HARBOR, FL 34685	

TITLE	<del>SECRETARY</del>	<input type="checkbox"/> DELETE
NAME	<del>JUDITH R. DODD</del>	
STREET ADDRESS	<del>200 CONGRESS STREET</del>	
CITY-ST-ZIP	<del>OLDSMAR, FL 34677</del>	

TITLE	VICE PRESIDENT AND SECRETARY	<input type="checkbox"/> DELETE
NAME	JUDITH R. DODD	
STREET ADDRESS	200 CONGRESS STREET	
CITY-ST-ZIP	OLDSMAR, FL 34677	

TITLE	CHIEF OPERATING OFFICER	<input type="checkbox"/> DELETE
NAME	SIMON REITER	
STREET ADDRESS	4720 DEVONSHIRE BLVD.	
CITY-ST-ZIP	PALM HARBOR, FL 34685	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

*Simon Reiter* SIMON REITER 4/22/98 (P13) 938-1311

CP2E034 (1097)