

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90170 040 \*\*\*150.00

DOCUMENT # P97000065605

1. Corporation Name  
BRAINSTORM INTERACTIVE, INC.

Principal Place of Business

28870 US HWY 19N  
SUITE 300  
CLEARWATER FL 33761  
US

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 200 CONGRESS STREET

Suite, Apt. #, etc.

22

City & State

23 OLDSMAR, FL

Zip

24 34677

Country

25

2a. Mailing Address

26 200 CONGRESS STREET

Suite, Apt. #, etc.

27

City & State

28 OLDSMAR, FL

Zip

29 34677

Country

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

JUDITH R. DODD

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

200 CONGRESS STREET

83

84 City

OLDSMAR

FL

85 Zip Code

34677

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

JUDITH R. DODD, VPS

JUDITH R. DODD, VPS

04/18/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME REITER, CECILIA B.  
STREET ADDRESS 4720 DEVONSHIRE BLVD  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VPS ☐ DELETE

NAME DODD, JUDITH R.  
STREET ADDRESS 200 CONGRESS STREET  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE COO ☐ DELETE

NAME REITER, SIMON  
STREET ADDRESS 4720 DEVONSHIRE BLVD  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 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, with all other like empowered.

SIGNATURE: X

JUDITH R. DODD, VPS

04/18/99 (813) 814-1313

(NOTE: Registered Agent signature required when reinstating)

DATE

Daytime Phone #

CR2E034 (11/98)

0497767