

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

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068215 (7)
1. Corporation Name
ATHENA INTERACTIVE MARKETING SERVICES INC



Principal Place of Business: 19430 NW 18TH CT MIAMI FL 33056
Mailing Address: 19430 NW 18TH CT MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1140 NW 184 WAY, Suite, Apt. #, etc. 22
2a. Mailing Address: 26 1140 NW 184 WAY, Suite, Apt. #, etc. 27
23 City & State: PEMBROKE PINES, FL
28 City & State: PEMBROKE PINES, FL
24 Zip: 33029 25 Country: BROWARD 29 Zip: 33029 30 Country: BROWARD

3. Date Incorporated or Qualified: 08/06/1997
4. FEI Number: 65-0777108 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

9. Name and Address of Current Registered Agent: BABB, MICHAEL, 19430 NW 18TH CT, MIAMI FL 33056
10. Name and Address of New Registered Agent: 81 Name: ~~Michael~~ BABB, MICHAEL; 82 Street Address: 1140 NW 184 WAY; 83; 84 City: PEMBROKE PINES, FL; 85 Zip Code: 33029

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: *[Signature]* DATE: 4/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: JORDAN, HECTOR	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2893 BURROUGHS DR SUITE #1	CITY-ST-ZIP: ORLANDO FL 32818	1.2 NAME:	
TITLE: DVS	NAME: BABB, MICHAEL	1.3 STREET ADDRESS:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 19430 NW 18TH CT	CITY-ST-ZIP: MIAMI FL 33056	1.4 CITY-ST-ZIP:	
TITLE:	NAME:	2.1 TITLE: DVS	
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME: BABB, MICHAEL	
TITLE:	NAME:	2.3 STREET ADDRESS: 1140 NW 184 WAY	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP: PEMBROKE PINES, FL 33029	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	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: *[Signature]* DATE: 4/27/98 954 442 8507

CR2E034 (10/97)