SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

May 04, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** ANNUAL REPORT 05-04-1999 90098 018 ***150.00 Secretary of State 1999 **DIVISION OF CORPORATIONS** DOCUMENT # P98000010947 Corporation Name 586973 - 90006 - 1 IN YOUR FACE, INC. Principal Place of Business Mailing Address 1280 CLOVELAWN AVE. 1280 CLOVELAWN AVE. ORLANDO FL 32806-1584 ORLANDO FL 32806-1584 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/01/1998 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required ---27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Zip Zip Country 8. This corporation owes the current year Yes Intangible Personal Property. 30 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALTERS, JIM Street Address (P.O. Box Number is Not Acceptable) 1280 CLOVELAWN AVE. ORLANDO FL 32806-1584 83 Zip Code B4 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. KSP1598 1.1 TITLE Change X Addition TITLE DELETE MWAH 1.2 NAME NAME SOCIOVERIAUN AVR 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE DELETE Change Addition HILE 3.2 NAME 3.3 STREET ADDRESS __ ADDRESS 3.4 CITY-ST-ZIP

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

6.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5 2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.4 CITY-ST-ZIP 5.1 TITLE

.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

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__: ADDRESS

__ / ADDRESS

in Block 12 or Block 13 if changed, or on an attachment with

___ Change

Change

Addition

Addition

Change Addition

7-6-99

586973-90006-1 P9800010947

From: IN YOUR FACE IX. 1280 Cloverhun Ave. ORHANDO, FLZ2806-1584

TO: Division of Corporations
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASEE, FL. 32302-1500

To Wan It MAY CONCERN:

I HEVER RECEived my origiNAL do cument back in the mail with A request that AN officer be listed in Block 13.

Please find enclosed the 2nd request document with Block 13.

Filled in.

Those this satisfies All requirements.

Sincorely; Grafteronic President