

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90196 005 \*\*\*150.00

DOCUMENT # P98000018193

1. Corporation Name

IMEDIA CREATIVE CORP.



Principal Place of Business

613 NORTHWEST 89 AVENUE  
PLANTATION FL 33324

Mailing Address

613 NORTHWEST 89 AVENUE  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 13833-E4 Wellington Trace

Suite, Apt. #, etc.

22 Suite 150

City & State

23 Wellington FL

Zip

24 33414

Country

25 Palm Bch.

2a. Mailing Address

26 13833-E4 Wellington Trace

Suite, Apt. #, etc.

27 Suite 150

City & State

28 Wellington FL

Zip

29 33414

Country

30 Palm Bch.

3. Date Incorporated or Qualified

02/25/1998

4. FEI Number

65-0819048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

AMERILAWYER-

343 ALMERIA AVENUE

GORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Howard Fallen

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

13810 Yarmouth Drive

83

Suite 150

84

Wellington

FL

85

Zip Code

33414

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

(NOTE: Registered Agent signature required when reinstating)

4-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME FALLEN, HOWARD M  
STREET ADDRESS 613 NORTHWEST 89 AVENUE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD  
1.2 NAME FALLEN, HOWARD M.  
1.3 STREET ADDRESS 13810 Yarmouth Drive  
1.4 CITY-ST-ZIP Wellington, FL 33414

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

954-452-6067

Daytime Phone #

CR2E034 (1/198)