PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000059072

4 Corporation	Name T PSOUDO	059072				*			
1. Corporation Name VIRTUAL IMPACT PRODUCTIONS, INC.					<del></del>				
VIDIOAL	INPACT PRODUCTIONS, II	10.				E ranken en aliña (hit) bart Abill Abill A	AND DAND INKI DOM	11818 (1 <b>6</b> ) (118)	
							0101 BIRIN (BRIG 001)	(814)   HOY FOOL	
Principal Place	of Business	Mailing Address							
161 EAST LAKE BRANTLEY DRIVE 161 EAST LAKE BRANTLEY (			PRIVE						
LONGWOOD FL	. 32779	LONGWOOD FL 32779				DO NOT WRITE IN T	HIS SPACE		
{						3. Date Incorporated or Qualifed			
j						07/01/1998		ì	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	] Ar	plied For	
21		26				59-3520955	No.	xt Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	-			5 Certificate of Status Desired	\$8.75	Additional	
22	•	27				5. Certificate of Status Desired	Fee Re	equired	
City & Stat	<b>6</b>	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Count	ry		a. This corporation owes the current year		_ !	
24	25	29 30	0 _			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent		
			}8	11 Name				1	
ROBINSON, MICHELLE			la	82 Street Address (P.O. Box Number is Not Acceptable)					
161 EAST LAKE BRANTLEY DRIVE			L	Out of the state o					
LON	GW00D FL 32779		9	3					
ľ			la	4 City			. 85 Zip	Code	
			- 1	1 1		<u></u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the abo	ve named	corpor	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	e of changing its pointment as re	registered gistered	
omica or r agent. I a	egistered agent, or dom, in the State of m familiapwille, and accept the obligat	ions of Section 607.0505, Florid	a Statute	38.1	, aso,	1/ -0			
SIGNATURE	Michelle	rooms	ജ			7-01.	-99		
SIGNATURE	Signature, typed or printed name of registered agent		_	jent sighsture n	equired v	when reinstaling) DATE	· · · · · · · · · · · · · · · · · · ·	NOC 144 42	8
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition	(11/98)
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NAME	ROBINSON, MICHELLE		1.2 NAME						8
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CITY-ST-ZIP	LONGWOOD FL 32779	☐ OELETE	1.4 CITY					Addition	5
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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 eath; 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:

4-29-99 (401) 774-8001 Date: Daylore Phone 8

May 06, 1999 8:00 am Secretary of State

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