

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90104 009 ***150.00

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DOCUMENT # P98000062709

1. Entity Name
INTERNATIONAL MEDIA SOLUTIONS, INC.



Principal Place of Business
**195 WEKIVA SPRINGS RD
SUITE 214
LONGWOOD FL 32779**

Mailing Address
**195 WEKIVA SPRINGS RD
SUITE 214
LONGWOOD FL 32779**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3521352**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VELAZQUEZ, YOLANDA C
208 HERMITS TRAIL
ALTAMONTE SPRINGS FL 32701**

Name **VELAZQUEZ, YOLANDA C**

Street Address (P.O. Box Number is Not Acceptable)
1709 FOUNTAINHEAD DRIVE

City **LAKE MARY, FL** Zip Code **32746**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/9/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
NAME **VELAZQUEZ, YOLANDA C**
STREET ADDRESS **208 HERMITS TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **VELAZQUEZ, YOLANDA C** ☒ Change ☐ Addition
NAME **VELAZQUEZ, YOLANDA C**
STREET ADDRESS **1709 FOUNTAINHEAD DRIVE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **STD** ☐ Delete
NAME **VELAZQUEZ, YOLANDA C**
STREET ADDRESS **208 HERMITS TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **VELAZQUEZ, YOLANDA C** ☒ Change ☐ Addition
NAME **VELAZQUEZ, YOLANDA C**
STREET ADDRESS **1709 FOUNTAINHEAD DRIVE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **P** ☐ Delete
NAME **SILVA, KERMIT J.**
STREET ADDRESS **375 DOUGLAS AVE SUITE 2015**
CITY-ST-ZIP **ALTAMONTE SPRING FL 32714**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/03 4074780060

CR2E034 (10/02)