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

DOCUMENT # **P98000067714**1. Corporation Name

I-ON INTERACTIVE, INC.

Principal Place of Business

Mailing Address

1733 AVENIDA DEL SOL

1733 AVENIDA DEL SOL

FILED Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90010 002 ***550.00



BOCA RATON FL 33432 BOCA RATON FL 33432				DO NOT WOTE IN	THE SPACE		
					DO NOT WRITE IN 3. Date incorporated or Qualifed	THIS SPACE	
					07/31/1998		}
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
	East Palmetto Pic Rd	_ , ,	lmall.	14 2		H	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	7.1116-67	THE EX		\$8.7	5 Additional
22	.,	27			5. Certificate of Status Desired	Fee	Required
City & State	9	City & State			6. Election Campaign Financing	\$5.	DO May Be
23 hora Raton. FL 28 hora Raton.				FL	Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zīf	Country		This corporation owes the current year		
24 3347	25 USA	29 33452 31	o 45	<u>,A</u>	Personal Property Tax.	Yes	№ No
<u> </u>	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registe	ered Agent	
ഹം	PORATION SERVICE COMPANY)61	Name]
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAMA COPP EL CORDA OFOE				<u> </u>			
IALL	AINOOLL I E OEDO I ESES		83				
			84	City		F1 85 Z	Zip Code
44 Duniyani	to the requisions of Captions 607 0602	and 607 1509. Florida Statutos	the above	a-named cc	proporation submits this statement for the purpor	· -	its registered
office or re	egistered agent, or both, in the State or m familiar with, and accept the obligation	i Florida. Such change was autr	norized by	the corpora	ation's board of directors. I hereby accept the a	appointment a	s registered
SIGNATURE					ured when reinstating) DA		
	Signature, typed or printed name of registered agent OFFICERS AND		egistered Ager	it signature requ	ADDITIONS/CHANGES TO OFFICER		CTORS IN 12
12.	D OFFICERS AND	DELETE	1.1 TITLE		2FO	√ Char	
NAME	TALERICO, JUSTIN F		1.2 NAME			•	
STREET ADDRESS	5210 MAJORCA CLUB DRIVE			TADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-S				l
TITLE	RELXDEXX	☐ DELETE	2.1 TITLE		PRESIDENT	Char	nge Addition
NAME	BLATT N. BRIDY	Jet 18 1	2.2 NAME		SCOT J. BRINKER		į
STREET ADORESS	40, 1,4. 13.1147	4-1- 2-	2.3 STREE	TADDRESS	3606 S. OCEAN BLVD,	UNIT	608
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP	HIGHLAND BEACH FL	3348	<u></u>
TITLE	XX/	☐ DELETE	3.1 TITLE		VICE PRESIDENT	Char	nge 🔀 Addition
NAME	71		3.2 NAME	}	ANNA TALERICO		
STREET ADDRESS			3.3 STREE	T ADDRESS	5210 MAJORCA CLUB	DR	
CITY-ST-ZIP			3.4. CITY-5		Boca Raton . Ft. 33	48 6—	
TITLE		☐ DELETE	4.1 TITLE			Char	nge [] Addition
NAME			4. 2 NAME	ļ			i
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			44 CITY-S	1-ZIP			Daddition
TITLE		☐ DELETE	5.1 TITLE	}		☐ Char	nge 🗌 Addition
NAME			5.2 NAME	T 4000500			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		C DELETE	5.4 CITY-S 6.1 TITLE	I-ZIP		Chac	nge Maddition
TITLE		☐ DELETE	6.2 NAME	ì		Cria	age Unation
NAME			1	T ADDRESS			}
STREET ADDRESS			B.	- 1			ļ
CITY-ST-ZIP	<u> </u>		6.4 CITY-S	1-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: