

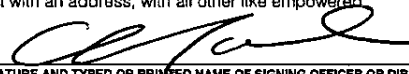


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90041 040 ***150.00

DOCUMENT # P98000067714																																																																																																																							
1. Entity Name I-ON INTERACTIVE, INC.																																																																																																																							
Principal Place of Business 3295 NW 53RD CIR BOCA RATON, FL 33496			Mailing Address 3295 NW 53RD CIR BOCA RATON, FL 33496																																																																																																																				
2. Principal Place of Business 120 E BOCA RATON RD Suite, Apt. #, etc.		3. Mailing Address 120 E BOCA RATON RD Suite, Apt. #, etc.		24438797 																																																																																																																			
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 65-0854302																																																																																																																			
Zip 33431		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																			
6. Name and Address of Current Registered Agent ANNA, TALERICO 3295 NW 53RD CIR BOCA RATON, FL 33496			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name ANNA TALERICO</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 924 NE 24 ST</td> </tr> <tr> <td style="padding: 2px;">City BOCA RATON</td> <td style="padding: 2px;">Zip Code FL 33431</td> </tr> </table>			Name ANNA TALERICO		Street Address (P.O. Box Number is Not Acceptable) 924 NE 24 ST		City BOCA RATON	Zip Code FL 33431																																																																																																												
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																					
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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:  Anna Talerico Date: 4/4/04 861.394.9484																																																																																																																							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																							