
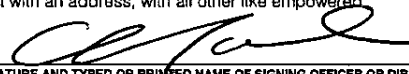


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-09-2004 90041 040 \*\*\*150.00

<b>DOCUMENT # P98000067714</b>			
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.	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33431	Country	Zip 33431	Country
4. FEI Number 65-0854302		Applied For Not Applicable	
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 Name ANNA TALERICO Street Address (P.O. Box Number is Not Acceptable) 924 NE 24 ST City BOCA RATON FL Zip Code 33431	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TALERICO, JUSTIN F 3295 NW 53RD CIR BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 924 NE 24 ST BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRINKER, SCOTT J 30 CHRISTOPHER ST APT. #6-H NEW YORK, NY 10014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 562 WEST END AVE APT 3A NEW YORK NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TALERICO, ANNA 3295 NW 53RD CIR BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 924 NE 24 ST BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 4/9/04 Daytime Phone #: 561-394-9484	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

24938797



03102004 Chg-P CR2E034 (10/03)