08101999-90024-043-$150.00-$150.00

AMOUNT DUE ON OR BEFORE 05/01/99: $500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

L

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 27 PM 3:03

DOCUMENT # P98000078639

1. Corporation Name
INTERNATIONAL DEVELOPMENT MEDIA & CONSULTING, IN C.

Principal Place of Business	Mailing Address
2455 EAST SUNRISE BLVD., STE. 311 FT. LAUDERDALE FL 33304	2455 EAST SUNRISE BLVD., STE. 311 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1998

2. Principal Place of Business	2a. Mailing Address
21 2631 EAST OAKLAND PARK BLVD	26 2631 EAST OAKLAND PARK BLVD
Suite, Apt. #, etc.: 22 SUITE 205	Suite, Apt. #, etc.: 27 SUITE 205
City & State: 23 Ft. Lauderdale	City & State: 28 FT. LAUDERDALE
Zip: 24 33304 Country: 25 FL	Zip: 29 33304 Country: 30 FL

4. FEI Number: 65-0948099 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating]

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST LARM, DIETMAR 2455 EAST SUNRISE BLVD., STE. 311 FT. LAUDERDALE FL 33304	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPST LARM, DIETMAR 2631 East Oakland Park Blvd/Suite 205 Ft. Lauderdale, FL 33304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST LARM, DIETMAR 2631 EAST OAKLAND PK. BLVD. STE. 205 FT. LAUDERDALE, FL 33304	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST LARM, DIETMAR 2631 EAST OAKLAND PARK BLVD 205 FT. LAUDERDALE, FL 33304	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	8/9/25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE [illegible] 07-23-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #