


**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90031 013 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000081261</b> 1. Corporation Name <b>BRAIN BOXES, INC.</b>	

Principal Place of Business  
 2907 HARRISON AVE.  
 ORLANDO FL 32804

Mailing Address  
 P.O. BOX 1073  
 ORLANDO FL 32802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/16/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3523296</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BANKS, LAWRENCE S</b> <b>2907 HARRISON AVE.</b> <b>ORLANDO FL 32804</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Lawrence S. Banks
STREET ADDRESS		1.3 STREET ADDRESS	2907 Harrison Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Sarah Sprinkel
STREET ADDRESS		2.3 STREET ADDRESS	1031 Osceola Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Christi Adams
STREET ADDRESS		3.3 STREET ADDRESS	212 E Concord St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Peggy Greene
STREET ADDRESS		4.3 STREET ADDRESS	1124 Guernsey St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Kieth McIntyre
STREET ADDRESS		5.3 STREET ADDRESS	2021 E. Jefferson St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Barbara Aufhammer
STREET ADDRESS		6.3 STREET ADDRESS	216 Balfour Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Park, FL 32789

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 the like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/99

407/481/2057

CR2E034 (11/98)