

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

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

05-07-1999 90096 006 ***150.00

DOCUMENT # P98000082795

1. Corporation Name
FUSION INTERMEDIA, INC.

Principal Place of Business
802 E HILLCREST ST #3
ORLANDO FL 32803-4666

Mailing Address
802 E HILLCREST ST #3
ORLANDO FL 32803-4666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

59-3534543

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1809 Edgewater Dr.

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32804

Country

25 USA

2a. Mailing Address

26 1809 Edgewater Dr.

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32804

Country

30 USA

9. Name and Address of Current Registered Agent

BARNEY, ZALMOND C
802 E HILLCREST ST #3
ORLANDO FL 32803-4666

10. Name and Address of New Registered Agent

81 Name

Jeffrey W. Adair

82 Street Address (P.O. Box Number is Not Acceptable)

1809 Edgewater Drive

83

84 City

Orlando

FL

85 Zip Code

32804

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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

Jeffrey W. Adair

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P Zalmond C. Barney
STREET ADDRESS 1809 Edgewater Drive
CITY-ST-ZIP Orlando, FL 32804

TITLE ☐ DELETE

NAME V Jeffrey W. Adair
STREET ADDRESS 1809 Edgewater Drive
CITY-ST-ZIP Orlando, FL 32804

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Jeffrey W. Adair

4/30/99

Date

407-648-9469

Daytime Phone #

CR2E034 (11/98)

0091643