

FILE NOW: FILING FEE AFTER MAY 1ST \$50.00

APPROVED
AND
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1999 JUN 28 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000087729
1. Corporation Name
IMAGINE THAT MULTIMEDIA Productions

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
OCT. 1998

2. Principal Place of Business 21 8215 SW 107 AV Suite Apt. #, etc. B	2a. Mailing Address 26 1172 So. Dixie Hwy Suite, Apt. #, etc. 110	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State 23 MIAMI FL	27 City & State 28 CORAL GABLES FL	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required...
24 33173 25 USA	29 33146 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		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
LAST YEAR '98:
Billy D. SWARTZ
1757 JAMES AV #10
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name NOREEN LEGAULT
82 Street Address (P.O. Box Number is Not Acceptable)
1172 So. DIXIE HWY
83 # 110
84 City CORAL GABLES FL 85 Zip Code 33146

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, of 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 607.0305, Florida Statutes.
SIGNATURE: *M. Legault, Pres.* DATE: April 24th 1999

12. OFFICERS AND DIRECTORS

TITLE	VP / Reg. agent	<input checked="" type="checkbox"/> DELETE
NAME	Billy D. SWARTZ	
STREET ADDRESS	1757 JAMES AV #10	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PT/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	NOREEN LEGAULT	
13 STREET ADDRESS	1172 So. DIXIE HWY #110	
14 CITY-ST-ZIP	CORAL GABLES, FL 33146	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

05/06/99 90295 063 150.00
064 8.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 other like empowered.

SIGNATURE: *M. Legault, Pres.* DATE: April 24th 1999

CR2E034 (11/98)