2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091626 May 08, 2000 8:00 am Secretary of State 1. Entity Name INTERACTIVE MARKETING SOLUTIONS, INC. 05-08-2000 90071 010 ***150.00 Principal Place of Business Mailing Address 685 W. PARK DR., SUITE 206 685 W. PARK DR., SUITE 206 MIAMI FL 33172-5343 MIAMI FL 33172 2. Principal Place of Business 2455 Hally was a 3. Mailing Address 14 WARD BLUD. SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number 65-0875986 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RosA JOU, ROSA Street Address (P.O. Box Number is Not Acceptable 685 W. PARK DR., SUITE 206 HOLLY WOOD **MIAMI FL 33172** W006 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subm title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed na FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DIRECTOR ☐ Addition TITLE ☐ Delete JOU. ROSA ROSA Jou , NAME 685 W. PARK Dr., STE. 206 STREET ADDRESS STREET ADDRESS 685 W PARK DR., STE 206 CITY-ST-ZIP CITY-ST-ZIP 414M1 33 172 **MIAMI FL 33172** ☐ Delete Addition **PCEO** سعالا DIRECTOR TITLE NARDONE, JOHN D NAME RDONE, JOHN NAME 5 w. PANIL DA. STEZEG 685 W.PARK DR., STE 206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ろろいて MIAMI FL 33172 TITLE Delete **DUMAIS, SUSETTE** NAME STREET ADDRESS 801 SIDNEY AVE CITY-ST-ZIP **UNION BCH NJ 07735** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TOURED

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

*205-*672-0881