2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000091626

Entity Name: INTERACTIVE MARKETING SOLUTIONS, INC.

FILED May 01, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2455 HOLLYWOOD BLVD. 1121 SOUTH MILITARY TRAIL

#307 #159

HOLLYWOOD, FL 33020 US DEERFIELD BEACH, FL 33442 US

Current Mailing Address: New Mailing Address:

19380 COLLINS AVE 1121 SOUTH MILITARY TRAIL

#1506 #159

NORTH MIAMI BEACH, FL 33160 US DEERFIELD BEACH, FL 33442 US

FEI Number: 65-0875986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

JOU, ROSA JOU, ROSA

19380 COLLINS AVE 1121 SOUTH MILITARY TRAIL

#1506

#159 NORTH MIAMI BEACH, FL 33160 US DEERFIELD BEACH, FL 33442 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 05/01/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

JOU, ROSA JOU, ROSA Name: Name:

19380 COLLINS AVE. #1506 Address: 3970 CORAL TREE CIRCLE Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: COCONUT CREEK, FL 33073

Title: () Delete Title: (X) Change () Addition

NARDONE, JOHN D NARDONE, JOHN D Name: Name: 19380 COLLINS AVE. #1506 Address: PO BOX 67-0424 Address:

CORAL SPRINGS, FL 33067 NORTH MIAMI BEACH, FL 33160 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA JOU 05/01/2003 D