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

DOCUMENT # P98000095673

INTERNET WORLD PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1502 CRICKET CLUB CIRLCE #208	1502 CRICKET CLUB CIRLCE #208

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

06-07-1999 90020 029 ***550.00



ORLANDO FL 3	2828	ORLANDO FL 32828		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 11/13/1998		
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 3543098	No	oplied For ot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 4	Country 25	Zip 30	Country	<u> </u>	This corporation owes the current year I Personal Property Tax.	ntangible Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
SMITH, ALLEN S 1502 CRICKET CLUB CIRLCE #208			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	ANDO FL 32828		83				
			84	' '	F		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was autho	orized by	the corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	jistered Age	nt signature requir	ired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD	☐ DELETE	11 TITLE			Change	Addition
NAME	SMITH, ALLEN S		1.2 NAME				
STREET ADDRESS	1502 CRICKET CLUB CIRLCE #	208	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32828		1.4 CITY-S	JT-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			- Addison
TITLE		☐ DELETE	41 TITLE			Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP		,	4.4 CITY-S	ST- ZIP			Addison
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY, ST. 7ID			6.4 CITY-S	ST-ZIP			ļ

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 other like empowered.