2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

S34313 DOCUMENT #



FILED Apr 28, 2003 8:00 am Secretary of State

1. Entity Name INNOVATIVE MARKETING & DISTRIBUTION SERVICES, IN C.				04-28-2003 90312 01	2 ***150.00	
Principal Place of Business 2200 NW 32 STREET SUITE 700 POMPANO BEACH FL 33069 US 2. Principal Place of Business		Mailing Address 2200 NW 32 STREET SUITE 700 POMPANO BEACH FL 33069 US 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING (CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0250388	Applied For Not Applicable	
Zip	Country	Zip Zip	Country-		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag	ent	
Haines			Name	Name		
HAYNES, WILLIAM			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
2200 N.W. 32ND ST., SUITE 700						
POMPAN	O BEACH FL 33069				ı.	
			City	FL	Zip Code	
The above named entity submits this statement for the purpose of changing its registered			saintarad affica ar ros	_ _	miliar with, and appoint	
	e named entity sobnits this statement to tions of registered agent.	i the purpose of changing its re	gistered dilice or reg	istered agent, or both, in the State of Florida. I am fail	milai wiin, and accept	
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: E	Registered Agent signature re	guired when reinstating) DATE		
	Sec. M. Committee of the committee of th	The their applicable. (NOTE: 1	registereo Agent agrictiva re	DAIL DAIL		
	TLE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00	· ·		9. Election Campaign Financing	\$5.00 May Be	
	k Payable to Florida Department of	State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
TITLE	PSTC	□ Delete	1.	7 D.C. (1) 7 T		
NAME	DYKES, BARBARA J		NAME 3	Haines William -	Change Addition S	
STREET ADDRESS	'4007 COCOPLUM CIRCLE		STREET ADDRESS	4007 Cocoplum Circle	2	
CITY-ST-ZIP	POMPANO BEACH FL 33063		CITY-ST-ZIP	Coconut Creek, FL 3306	<u>ر</u>	
TITLE	PTC	☐ Delete	TITLE	P, D, S	Change Addition	
NAME	DYKES, BARBARA J.		NAME (DyKes, Barbara J.		
STREET ADDRESS	4007 COCOPLUM CIRCLE		STREET ADDRESS	LINATI CA CANLLON CARLO		
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP	Coco put Creek, +1 3306	3	
TITLE		☐ Delete	TITLE	,	☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	,		NAME Street Address		ĺ	
CITY-ST-ZIP			CITY-ST-ZIP	,		
· · · · · · · · · · · · · · · · · · ·	+	□ p	TITLE	г	3.0	
TITLE NAME						
		☐ Delete		L	☐ Change ☐ Addition	
STREET ADDRESS		□ Derete	NAME	·		
STREET ADDRESS CITY-ST-ZIP		∟ Derete		·	_] Change Addition	
		☐ Delete	NAME Street Address		Change Addition Change Addition	

12. Thereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

969-0005