

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000151

FILED
Jan 21, 2004
Secretary of State

Entity Name: INNOVATIVE SERVICE TECHNOLOGY MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

235 PEACHTREE STREET, N.E. SUITE 2200
ATLANTA, GA 303031406

New Principal Place of Business:

Current Mailing Address:

235 PEACHTREE STREET, N.E. SUITE 2200
ATLANTA, GA 303031406

New Mailing Address:

FEI Number: 58-2303739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLACKMAN, HAL
Address: 110 ALEXANDRIA CT
City-St-Zip: FAYETTEVILLE, GA 30214

Title: VS () Delete
Name: CARROLL, JOSEPH
Address: 2967 NESTLE CREEK DR.
City-St-Zip: MARIETTA, GA 30062

Title: D () Delete
Name: REIGHARD, IKE
Address: 235 PEACHTREE ST. NE #2200
City-St-Zip: ATLANTA, GA 30303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BLACKMAN, HAL
Address: 110 ALEXANDRIA CT
City-St-Zip: FAYETTEVILLE, GA 30214

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: HAL BLACKMAN

PRES

01/21/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date