

09081999-90010-022-\$550.00-\$550.00

99.

APPROVAL AND FILED

99 OCT -4 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000098787

Corporation Name  
STARBASE DIGITAL MULTIMEDIA, INC.

Principal Place of Business  
~~27229 OVERSEAS HWY  
RAMROD KEY, FL 33042~~  
Mailing Address  
P.O. BOX 420499  
SUMMERLAND KEY FL 33042

27229 OVERSEAS HWY  
RAMROD KEY, FL. 33042

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		27		11/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28		Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		29		6. Election: Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	7. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29	30		

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MILLER, ROBERT K 2975 OVERSEAS HWY. MARATHON FL 33050		81 Name ROBERT MONTEITH	
		82 Street Address (P.O. Box Number is Not Acceptable) 27229 OVERSEAS HWY.	
		83	
		84 City RAMROD KEY FL 85 Zip Code 33042	

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: *Monteith* ROBERT MONTEITH (DIRECTOR & NEW AGENT) DATE: Sept. 29/99. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS	DELETE <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
ST-ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
ET ADDRESS	DELETE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
ST-ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ET ADDRESS	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
ST-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ET ADDRESS	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ET ADDRESS	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	9-8-99 90010 022
		5.4 CITY-ST-ZIP	
ET ADDRESS	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Monteith* ROBERT MONTEITH Date: Sept. 9/99 (905) 872-1637

RAM 10/5/99