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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

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Mar 26 1997 8:00am

Secretary of State

Daytnie Prione #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064993 (5)

TOLY DIGITAL NETWORKS, INC.

Principal Place of Business Mailing Address 12189 US HWY ONE 12189 US HWY ONE SUITE 2 SHITE 2 NO PALM BEACH FL 33408 NO PALM BEACH FL 33408-2684 3a. Date of Last Report 3. Date Incorporated or Qualified 08/22/1995 06/14/1996 4. FEI Number Mailing Address Applied For 65-0651749 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, BCH. 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SUTO, MARK W 12189 N. U.S. HIGHWAY ONE 82 SUITE 2 83 NORTH PALM BEACH FL 33408 84 11. 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 it am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature: typical or presed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Addition DELETE Change TITLE 1.1 TITLE SUTO, MARK W NAME 1.2 NAME 290 CELESTRAL WAY 1.3 STREET ADDRESS STREET ADDRESS JUNO BEACH FL 33408 1.4 CITY - ST - ZIP CRY-ST-ZIP DELETE Change Addition FILE 2.1 TITLE MCNULTY, GERALD 2.2 NAME NAME 290 CELESTAL WAY 2.3 STREET ADDRESS STREET ADORESS JUNO BEACH FL 33408 2. 4 CITY - \$T - ZIP CitY - ST ZiP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CDY-S1-20 DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE THE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY+ST-ZIF 5.4 CITY-ST-ZIP DELETE Addition Change 61 TITLE THE NAME 6.2 NAME STREET ALIORESIS 6.3 STREET ADDRESS 6.4 City - ST-ZIP 14. I do 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 and cated in this agree 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 it am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

with an address.