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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005345 (1)**

1. Corporation Name
NEWS DIGITAL SYSTEMS INC.

Principal Place of Business	Mailing Address
% NEWS AMERICA PUBLISHING INC. 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036	% NEWS AMERICA PUBLISHING INC. 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036-8701

3. Date Incorporated or Qualified: 10/15/1996
3a. Date of Last Report: 10/15/96

2. Principal Place of Business	2a. Mailing Address
21 3501 Jamboree Road	26 3501 Jamboree Road
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Newport Beach, CA	City & State 28 Newport Beach, CA
Zip 24 92660	Country 25 USA
Zip 29 92660	Country 30 USA

4. FEI Number: 33-0734012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD PELED, ABRAHAM 1 HEATHROW BLVD, 286 BATH RD, W DRAYTON MIDDLESEX UB7 0QD ENGLAND ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D LOVELL, ROY 3501 Jamboree Road, Suite 200 Newport Beach, CA 92660 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT MEDLOCK, RICHARD 1 HEATHROW BLVD, 286 BATH RD, W DRAYTON MIDDLESEX UB7 0QD ENGLAND ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D WORKMAN, JOHN L 3501 Jamboree Road, Suite 200 Newport Beach, CA 92660 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MEDLOCK, RICHARD 1 HEATHROW BLVD, 286 BATH RD, W DRAYTON MIDDLESEX UB7 0QD ENGLAND ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS FISSE, JON 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SISKIND, ARTHUR M 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 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: [signature] John Workman (714)725-2537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005286