PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT #

1. Corporation Name

F98000004206\

DIGITAL BROADCAST NETWORK CORPORATION

977 CHARTER COMMONS

977 CHARTER COMMONS

ROBERTS, JAMES J

LAHAY, JAMES J

ST. LOUIS MO 63102

ROBERTS, WILLIAM M

113576

599 Broadway

CHESTERFIELD MO 63017-0609

CHESTERFIELD MO 63017-0609

500 N. BROADWAY, STE. 1400

Mailing Address Principal Place of Business 977 CHARTER COMMONS 977 CHARTER COMMONS CHESTERFIELD MO 63017-0609 CHESTERFIELD MO 63017-0609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1998 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 43-1802839 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 8. This corporation owes the current year Zip Country Zip Country No. Intangible Personal Property. 30 29 24 25 10. Name and Address of New Registered Agent 9.3 Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 Zip Code City 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDEAT Change Addition **D** DELETE 1.1 TITLE TITLE schaeider, Bernard V. ROBERTS, TIMOTHY M 1.2 NAME NAME 977 CHARTER COMMONS 977 CHARTER COMMONS 1.3 STREET ADDRESS STREET ADDRESS Mo 63017-0609 CHESTERFIELD MO 63017-0609 CHESTERFIELD 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE DELETE TITLE SKOBA, RICHARD S 22 NAME NAME 966 CHARTER COMMONS 2.3 STREET ADDRESS STREET ADDRESS CHESTERFIELD MO 63017-0609 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE DELETE NAME IVIE. MARK A 3.2 NAME

NEW YORK NY 10012
6.4 CITY-ST-ZIP ALAMEDA, CA 94502

14. 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 an arrattachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

**DELETE** 

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

DIRECTOR

DIRECTOR

SEVERIENS,

1701 HARBOR BAY

ROBERTS, TIMOTHY M.

977 CHARTER COMMONS

CHESTERFIELD, MO 63017-0609

AMMETTE

7/6/99

FILED

Jul 13, 1999 8:00 am

Secrétary of State

07-13-1999 90015 022 \*\*\*550.00

314.733.3100

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Change

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Addition

CR2F034 (5/99)