


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G19756 1. Corporation Name <p style="font-size: 1.2em;">Digital Magic, Inc.</p>			
Principal Place of Business <p>220 Grant Ave Satellite Beach FL 32937</p>		Mailing Address <p style="text-align: center;">Same</p>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 220 Grant Ave	26 Same	3-27-89	June 1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Satellite Beach, FL	28	59-2271993	Not Applicable
24 32937	25 Brevard	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Boyd, Joel E. 1800 W. Hibiscus Blvd. #138 Melbourne, FL. 32901		81 Name Brenda Carter 82 Street Address (P.O. Box Number is Not Acceptable) 220 Grant Ave 83 84 City Satellite Beach FL 85 Zip Code 32937	
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Brenda Carter		DATE 4-28-97	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD 1.2 NAME CARTER, William B. (RD) 1.3 STREET ADDRESS 220 Grant Ave 1.4 CITY-ST-ZIP Satellite Beach, FL 32937 <input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE STD 2.2 NAME CARTER, Brenda STD 2.3 STREET ADDRESS 220 Grant Ave 2.4 CITY-ST-ZIP Satellite Beach, FL 32937 <input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.		300002174193 -05/13/97--01091--045 ***165.00	
SIGNATURE: Brenda Carter, Treasurer		DATE: 4-28-97 407-773-7837	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
Brenda Carter			

CR2E034 (9/96)