FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # H51293   (9)

1. Corporation Name
DIGITAL DESIGN, INC.

Principal Place of Business	Mailing Address
9485 REGENCY SQUARE BLVD. SUITE 520 JACKSONVILLE FL 32225 US	9485 REGENCY SQUARE BLVD. SUITE 520 JACKSONVILLE FL 32225-6111 US

3. Date Incorporated or Qualified	3a. Date of Last Report
04/09/1985	05/01/1996

4. FEI Number	
59-2513667	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

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip	24	Country	25	Zip	29	Country	30

9. Name and Address of Current Registered Agent

ALLEN, BRINTON, & SIMMONS, PA
3200 INDEPENDENT SQUARE
JACKSONVILLE FL 32202-9026

10. Name and Address of New Registered Agent

81	Name	GREENBERG TRAURIG ET AL
82	Street Address (P.O. Box Number is Not Acceptable)	FRED F. HARRIS, JR
83		101 E. COLLEGE AVE
84	City	TALLAHASSEE	FL	85	Zip Code	32302

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 6/27/97

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

			1.1 TITLE		☐ Change ☐ Addition
TITLE	PD	☐ DELETE	1.2 NAME	7000002235977--5	
NAME	MEADOW, WILLIAM D.		1.3 STREET ADDRESS	-07/11/97--01076--001	
STREET ADDRESS	7050 JAMES ISLAND TRAIL		1.4 CITY-ST-ZIP	***1650.00 ****550.00	
CITY-ST-ZIP	JACKSONVILLE FL				

TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		

TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		

TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		

TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	a. alan

TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	7/8/97	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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 _____

CR2E034 (9/96)