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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # J85865

DIGITAL RADIO SYSTEMS, INC.

Principal Place of Business

Mailing Address

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90109 017 \*\*\*150.00



1190 KAPP DRIVE 1190 KAPP DRIVE CLEARWATER FL 34625 CLEARWATER FL 34625				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed 08/06/1987	
2. Principal P 21 Z56	B Frisco Da	2a. Mailing Address 26 7519 MCHulle	w Both R	4. FEI Number 59-2836509	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27 510-352		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	enunter Fille	City & State	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 337	Country 25	Zip 29 3 3 76 / 30	Country	This corporation owes the current year in Personal Property Tax.	Yes <b>ZXN</b> o
··	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered	I Agent
	1000 110000 F		81 Name		
Demartini, andrew e 1190 Kapp Drive				dress (P.O. Box Number is Not Acceptable)	
CLEA	ARWATER FL 34625		83		
			84 CIVE	ARWATER FI	L 85 Zip Code 33.76/
11. Pursuant to the provisions of Sections 507.0502 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 any accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Stonature and or private name for registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12  Change Addition
TITLE	D	☐ DELETÉ	1.1 TITLE		Zuchange Addition
NAME	Demartini, andrew e.	1	1.2 NAME	- To To	
STREET ADDRESS	2065 RANGE ROAD	L	1.3 STREET ADDRESS	2568 FRISCO DR CLEARWATER FL 2	1274
CITY-ST-ZIP	CLEARWATER FL		1.4 CiTY-ST-ZiP	CLEARWATER PL 3	3761
TITLE	D	☐ DELETE	2.1 TITLE		
NAME	DEMARTINI, GRETCHEN A.		2.2 NAME	TRISCO DA	
STREET ADDRESS	2065 RANGE ROAD		2.3 STREET ADDRESS	2568 FRISCO DR	22-21
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	CEARWATER PL S	3761
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		CO Observe C Addition
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Channa C Addition
TMLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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flow does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied indicated on this annual report or supplemental transfer of the supplemental tran officer or director of the corporation Block 12 or Block 13 if changed or

SIGNATURE: