

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

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98 JAN 27 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DOCUMENT # L47356 (5)
1. Corporation Name
DIGITAL MESSAGE SYSTEMS, CORPORATION

REINSTATEMENT 97-98



Principal Place of Business

Mailing Address

2502 N ROCKY PR
SUITE 1000
TAMPA FL 33607

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SUITE 1000
TAMPA FL 33607

3. Date Incorporated or Qualified **01/25/1990** 3a. Date of Last Report **08/16/1996**

2. Principal Place of Business

2a. Mailing Address

21 **8176 WOODLAND CTR**

26 **8176 WOODLAND CTR**

4. FEI Number **59-2990018** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

TAMPA, FL

TAMPA, FL

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

24 Zip **33614**

25 Country **USA**

29 Zip **33614**

30 Country **USA**

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

**LANCASTER, BYRON L.
2502 N. ROCKY POINT DR., SUITE 1000
TAMPA FL 33607**

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

(Signature)
Signature typed or printed name of registered agent and title if applicable

(Signature)
(NOTE: Registered Agent signature required when reinstating)

BYRON LANCASTER 1-23-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	LANCASTER, BYRON
STREET ADDRESS	12608 MAVERICK CT.
CITY-ST-ZIP	TAMPA FL 33626
TITLE	<input type="checkbox"/> DELETE
NAME	SELIGMAN, JAMES R.
STREET ADDRESS	8709 THORNWOOD LANE
CITY-ST-ZIP	TAMPA FL 33615
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	000002421650-9
23 STREET ADDRESS	-02/04/98-01090-005
24 CITY-ST-ZIP	***900.00 ***900.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

A. Alan
Jan. 27, 1998

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)* **17-17-07 812-887-8778**

CR2E034 (9/96)