

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90075 033 ***150.00

DOCUMENT # M95525

1. Corporation Name
DIG - USA, INC.



Principal Place of Business

2025 GUADALUPE ST
SUITE #130 DOBIE MALL
AUSTIN TX 78705-619
US

Mailing Address

2025 GUADALUPE ST
SUITE #130 DOBIE MALL
AUSTIN TX 78705-619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1988

4. FEI Number

65-0104284

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 owes the current year intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 400 TOWNE PARK TRAIL
Suite, Apt. #, etc.

2a. Mailing Address

26 400 TOWNE PARK TRAIL
Suite, Apt. #, etc.

City & State

23 AUSTIN, TX

City & State

28 AUSTIN, TX

Zip

24 78751

Country

25 USA

Zip

29 78751

Country

30 USA

9. Name and Address of Current Registered Agent

BRENNER, SCOTT P.
3195 N POWERLINE RD
POMPAHO BCH. FL 33069

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SENECAL, WAYNE T.	
STREET ADDRESS	2025 GUADALUPE ST #130	
CITY-ST-ZIP	AUSTIN TX 78705	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DOMBERGER, JOSEPH H.	
STREET ADDRESS	2025 GUADALUPE ST, STE 130	
CITY-ST-ZIP	AUSTIN TX 78705	
TITLE	B	<input type="checkbox"/> DELETE
NAME	SENECAL, WAYNE T.	
STREET ADDRESS	2025 GUADALUPE ST, STE 130	
CITY-ST-ZIP	AUSTIN TX 78705	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400 TOWNE PARK TRAIL
1.4 CITY-ST-ZIP	AUSTIN, TX 78751
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	400 TOWNE PARK TRAIL
2.4 CITY-ST-ZIP	AUSTIN, TX 78751
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	400 TOWNE PARK TRAIL
3.4 CITY-ST-ZIP	AUSTIN, TX 78751
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

972-248-1608

Daytime Phone #

CR2E034 (1/98)