2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90623 041 ***150.00

DOCUMENT # P00000096723

1. Entity Name

DIGITAL INTERACTIVE STREAMS, INC.

Principal Place of Business / Mailing Address

4337 Pablo Oaks Court Bldg 200
Jacksonville, Fla 32250

659286

2. Principal Place of Business		3. Mailing Address	
4337 PABLO OAKS COURT		SAME	
Suite, Apt. #, etc. BLDG. 200		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32224	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3676574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Royal J. O'Brien	Name ROYAL J. O'BRIEN
418 Cockatiel Drive	Street Address (P.O. Box Number is Not Acceptable) 4337 Pablo Oaks Ct, Bldg 200
Jacksonville, Fla 32225	City JACKSONVILLE FL 32224

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X [signature] 5-1-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P, S, D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Royal J. O'Brien		NAME		
STREET ADDRESS	418 COCKATIEL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	CEO, D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DR. GEORGE W. SARNEY		NAME		
STREET ADDRESS	4337 Pablo Oaks COURT #200		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 5-1-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Royal J. O'Brien Date Daytime Phone #