

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000087513 (6)

1. Corporation Name

DIGITAL VIDEO ARTS, INC.



Principal Place of Business

Mailing Address

701 FISK ST.
STE. #300
JACKSONVILLE FL 32204
US

701 FISK ST.
STE. #300
JACKSONVILLE FL 32204
US

3. Date Incorporated or Qualified
12/23/1993

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3222499

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

FIVEK, CLARK S
1840 LIVE OAK LANE
ATLANTIC BEACH FL 32233-4510

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 of person authorized to register agent or change of agent or both, in the State of Florida.

DATE

12. OFFICERS AND DIRECTORS

TITLE VS
NAME MCTAMMANY, BRITT T
STREET ADDRESS 3043 DOCTORS LAKE DRIVE
CITY-STATE-ZIP ORANGE PARK FL

TITLE P
NAME HAINES, TONY P
STREET ADDRESS 12918 JUPITER HILLS CIRCLE, S
CITY-STATE-ZIP JACKSONVILLE FL

TITLE VT
NAME FIVEK, CLARK S
STREET ADDRESS 1840 LIVE OAK LANE
CITY-STATE-ZIP ATLANTIC BEACH 32 32233-4510

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied to this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARK FIVEK

8-22-96

904-354-1010

CR2E034 (12/95)