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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32204-3343  
US

3. Date Incorporated or Qualified  
12/23/1993

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

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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)

2233 SEMINOLE RD #14

83

84 City ATLANTIC BEACH

FL

85 Zip Code 32233

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 2233 SEMINOLE RD. #14  
3.4 CITY- ST- ZIP ATLANTIC BEACH, FL 32233

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97

Date

904-354-1010

Daytime Phone

CR2E034 (9/96)