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PROFIT CORPORATION ANNUAL REPORT

1998

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TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000087513 (6)

DIGITAL VIDEO ARTS, INC.

FILED
Apr 27 1998 8:00am
Secretary of State
Secretary or State

Change

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Addition

Solition	Principal Place of Business Mailing Address					2 Jaalisas era sorae erste dotor doste obite dosos elett podot desas stade elli elab	
STE #200 US  2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 12/2/3/1993 3. Date Incorporated or Qualified 3. Surface, April 20/2 3. Date Incorporated or Qualified 3.	•						
US  2. Principal Piace of Business 2. Additional State of Business 2. Additional State of Business 2. Applied For Not Applicable 3. Sulfo, Apt #, etc. 2. Sulfo, Apt #, etc. 2. Sulfo, Apt #, etc. 2. Clay & State 2. Clay & State 3. Clay & State 4. Clay & Country 4. Clay & Country 5. Country 5. Country 5. Country 5. Country 6. Clay & State 6. Election Companying Financing 7. True Fund Contribution 7. Clay & Country 7. Country 7. Country 8. Clay & Country 8. Clay & Country 8. Clay & Country 8. Clay & Clay & Country 8. Clay & Clay & Country 8. Country 8. Clay & Clay & Country 8. Clay & Clay & Clay & Clay 8. The congress of New Registered Agent 8. Clay & Clay & Clay 8. Clay & Clay & Clay 8. Clay 8. Clay & Clay 8. Clay & Clay 8. Clay 8. Clay & Clay 8. Clay							
2. Principal Piace of Business	JACKSONVILLE FL 32204				DO NOT WRITE IN THIS SPACE		
22. Midling Address   22. Midling Address   22. Midling Address   23. Midling Address   24. EFEN.mber   359-3222498   Not Applicable   35. Suito, Apt. #, otc.   25. Suito, Apt. #, otc.   27. Suito, Ap	U\$ US					) <del></del>	
Sulfe, Apt. #, 8ic.    Sulfe, Apt. #, 8ic.   Sulfe, Apt. #, etc.						12/23/1993	i
Suite Apt. #, etc.   Suite Apt	2. Principal P	race of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite Apt. #, etc.   Suite Apt	21		26	6		59-3222499	Not Applicable
Page							\$8.75 Additional
Trust Fund Contribution   Added to Fees	22					5. Certificate of Statos Desired	Fee Required
Zip   Country   Zip	City & Stat	City & State			6. Election Campaign Financing	\$5.00 May Be	
Section   Sect	23					Trust Fund Contribution	Added to Fees
FIVEK, CLARK S 2233 SEMINOLE RD. #14 ATLANTIC BEACH FL 3223-4510  10 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1606. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida. Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in this State of Florida. Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in this State of Florida. Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered agent.		Country	Zip	Cou	ntry	8. This corporation owes or has paid the	current year Intangible
FIVEX, CLARK \$ 2333 \$EMINOLE RD. #14 ATLANTIC BEACH FL 32233-4510  ### City FL ### City FL ### 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 submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the childpatches of Section 607 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, and membrate in the purpose of changing its registered of price or previous and accept the childpatches of Section 607 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of price of price of price appointment as registered agent, and accept the childpatches of Section 607 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of price o	24			30		Personal Property Tax due June 30.	Yes No
2233 SEMINOLE RD. #14 ATLANTIC BEACH FL 32233-4510  82 Street Address (P.O. Box Number is Not Acceptable)  83			ent Registered Agent			10. Name and Address of New Register	ed Agent
ATLANTIC BEACH FL 32233-4510  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 agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are femiliar with, and accept the obligations of. Section 607,0505. Florida Statutes.  SIGNATURE  Signature tysed or pinked as are threphystyleaper and time fair accepts.  NAME  SIGNATURE  Signature tysed or pinked same of respectively agent and time fair accepts.  OF LICERS AND DIRICTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  WCTAMMANY, BRITT T  12 ANAM  MCTAMMANY, BRITT T  12 ANAM  SIREET ADDRESS  CITY-ST-ZP  TITLE  P  DELETE  11. TITLE  P  DELETE  11. TITLE  P  DELETE  21 TITLE  P  DELETE  21 TITLE  P  DELETE  21 TITLE  P  DELETE  31 TITLE  VT  DELETE  31 TITLE  Change  Addition  NAME  STREET ADDRESS  CITY-ST-ZP  ATLANTIC BEACH 32  ATLANTIC BEACH 32  ACKSONVILLE FL  DELETE  41 TITLE  Change  Addition  NAME  STREET ADDRESS  CITY-ST-ZP  ALCHY-ST-ZP					81 Name		
ATLANTIC BEACH FL 32233-4510  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent, are femiliarly with, and accept the of ligrations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or prefut direct et registers, upon and title flar) accepts. (INDIE Regisseed Agent signature required when remasking)  DATE  12. Of I I DELETE 1.1 TITLE  WS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  NAME  MCTAMMANY, BRITT 1 12 NAME  SIREET ADDRESS ORANGE PARK FL 1.4 CITY-ST-ZIP  TITLE  P DELETE 21 TITLE  P ADRESS ORANGE PARK FL 2.1 TITLE  P ADRESS ORANGE PARK FL 2.2 TITLE  DELETE 3.1 TITLE  VI DELETE 3.1 TITLE	223	33 <b>SEMINOLE RD. #14</b>			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
### PL   85   Zip Code  11. Pursuant to the provisions of Sections 607 0502 arix 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the chilipathoris of, Section 607 0505, Florida Statutes.  ### Signature tyried or predict one of 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 chilipathoris of, Section 607 0505, Florida Statutes.  ###################################	ATI	LANTIC BEACH FL 32233-4510					
11. Pursuant to the provisions of Scisions 607 6507 and 607 1508. Florida Statutés, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered signal and the such appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, in the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of directors. Thereby accept the appointment as registered by the corporation's board of					83		
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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, and accept the cubigations of, Section 607,0505, Florida Statutes.  SIGNATURE    Signature tyried or period on period change of regolated agent and title if arrivabilities   (INOTE: Registered Agent dignature required when remaining)   DATE					Oity	F	FL   ST ZIP COCIE
Agent. I am familiar with, and accept the obligations of, Section 607 Ö506, Florida Statules.  SIGNATURE    Signature tyried or geneted name of regulacyt legient and take if any health?   INOTI: Registered Agent alignature required when reinstating)   DATE	11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the al	oove-named cor	poration submits this statement for the purpos	e of changing its registered
SIGNATURE    Signature typied or printed owne of regolitered agent and life if ary heather   12.	office or r agent. I a	r <b>egistered</b> agent, or both, in the Stat I <b>m fam</b> iliar with, and accept the obli	e of Florida. Such change was uations of Section 607.0505. F	authorize Iorida Stat	d by the corpora utes.	tion's board of directors. I hereby accept the	appointment as registered
Signature types or privide aeric of regolarized agrificable in NOTE Registered Agent bignature required when remeasing)  12. OFT ICERS AND DIRI CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  WE MCTAMMANY, BRITT T  12. NAME  MCTAMMANY, BRITT T  12. NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  P DELETE  1.4 CITY-ST-2IP  TITLE  P DELETE  2.1 TITLE  P ADMINISTRET ADDRESS  CITY-ST-2IP  TITLE  VT DELETE  3.2 STREET ADDRESS  CITY-ST-2IP  TITLE  VT DELETE  3.2 STREET ADDRESS  CITY-ST-2IP  TITLE  VT DELETE  3.3 STREET ADDRESS  CITY-ST-2IP  TITLE  VT DELETE  3.1 STREET ADDRESS  CITY-ST-2IP  TITLE  ATLANTIC BEACH 32  4.2 CITY-ST-2IP  TITLE  4.3 STREET ADDRESS  CITY-ST-2IP  TITLE  ATLANTIC BEACH 32  ATLANTIC BEACH 32  ACHOY-ST-2IP  TITLE  DELETE  5.1 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND IN 12  ADDITIONS/CHANGES TO OFFICERS AND IN 12  ADDITIONS/CHANGES TO OFFICERS AND IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND IN 12  ADDITIONS/CHANGES TO OFFICERS AND IN 12  ADDITIONS/CHANGES AND IN 12	•	, , , , , , , , , , , , , , , , , , , ,	g				
TITLE	SIGNATURE	Signature typed or printed name of registered as	gent and title if applicable (NO	1E · Registere	1 Agent signature requ	ired when reinstating) DAT	E
NAME   MCTAMMANY, BRITT T   12 NAME   3043 DOCTORS LAKE DRIVE   1.3 STREET ADDRESS   CITY-ST-ZIP   TITLE   P	12.			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
STREET ADDRESS   3043 DOCTORS LAKE DRIVE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	TITLE	••	☐ DELETE	1.1 TO	ſL€		Change Addition
CITY-ST-ZIP	NAME			1.2 NA	IME		
TITLE	STREET ADDRESS		E	1.3 ST	REET ADDRESS		
NAME	CITY-ST-ZIP	ORANGE PARK FL		1.4 CI	TY-ST-ZIP		
12918 JUPITER HILLS CIRCLE, S   23 STREET ADDRESS   24 CITY-S1-ZIP	TITLE	P	☐ DELETE	2.1 Ti	rLE		Change Addition
CITY-ST-ZIP	NAME			2 2 NA	ime [		
TITLE	STREET ADDRESS		LE, S	2 3 ST	REET ADDRESS		
NAME   FIVEK, CLARK S   32 NAME   33 STREET ADDRESS   2233 SEMINOLE RD. #14   33 STREET ADDRESS   CITY-ST-ZIP   ATLANTIC BEACH 32   34 CITY-ST-ZIP	CITY-ST-ZIP	JACKSONVILLE FL		2 4 0	ITY-S1-ZIP		
STREET ADDRESS   2233 SEMINOLE RD. #14	TITLE	VI	DELETE	31 Ti	TLE .		Change Addition
ATLANTIC BEACH 32   34. CITY - ST - ZIP	NAME	FIVEK, CLARK S		3.2 N/	AME		
DELETE	STREET ADDRESS	2233 SEMINOLE RD. #14		3.3 ST	REET ADDRESS		
TITLE         DELETE         4 1 TITLE         Change         Addition           NAME         4.2 NAME	CITY-ST-ZIP	ATLANTIC BEACH 32		3.4. C	ITY-ST-ZIP		
STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME			DELETE				☐ Change ☐ Addition
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME	NAME			4. 2 N	AME		
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME	STREET ADDRESS			4.3.51	REET ADDRESS		
TITLE					- 1		
NAME 5.2 NAME			DELETE	~			Change Addition
STREET ADDRESS 5.3 STREET ADDRES	STREET ADDRESS						
	PITY_CT_7IP				TV . S1 . 7IP		
	CITY-ST-7IP	l		■ 54 C(	TY-ST-7(P		

DELETE

61 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filling these not quality 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 poor is the end 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 under oath; that I am an officer or director of the corporation or the underview of the end of the corporation or the underview of the end of the corporation of the underview of the end of the corporation of the underview of the end of the corporation of the underview of the end of the end of the corporation of the underview of the end of the end

6.3 STREET ADDRESS