

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90160 044 ***150.00

DOCUMENT # P93000087513

1. Corporation Name
DIGITAL VIDEO ARTS, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1993

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 4901 Belfort Road

Suite, Apt. #, etc.

22 Suite 165

City & State

23 Jacksonville, Florida

Zip

24 32256

Country

25 USA

2a. Mailing Address

26 4345 Southpoint Blvd.

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Jacksonville, Florida

Zip

29 32216

Country

30 USA

9. Name and Address of Current Registered Agent

FIVEK, CLARK S
2233 SEMINOLE RD. #14
ATLANTIC BEACH FL 32233-4510

10. Name and Address of New Registered Agent

81 Name

Fivek, Clark S.

82 Street Address (P.O. Box Number is Not Acceptable)

1202 Ponte Vedra Boulevard

83

84 City

Ponte Vedra Beach

FL

85 Zip Code

32082

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

CLARK FIVEK

4-30-99

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 VS ☐ DELETE

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

TITLE P ☐ DELETE

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

TITLE VT ☐ DELETE

NAME FIVEK, CLARK S
STREET ADDRESS 2233 SEMINOLE RD. #14
CITY-ST-ZIP ATLANTIC BEACH 32

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1202 Ponte Vedra Blvd.
Ponte Vedra Beach, FL 32082

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARK FIVEK

Date

4-30-99

Daytime Phone #

904-281-1001

CR2E034 (11/98)

0049587