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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -4 PM 3:27

DOCUMENT # P94000027934 (6)

1. Corporation Name

DIGIQUEST MULTIMEDIA, INC.

Principal Place of Business

PMB 135
16541 Redmond Way
Redmond, Washington 98052-4482

Mailing Address

Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 PMB 135
Suite, Apt. #, etc.
22 16541 Redmond Way
City & State
23 Redmond, Washington
Zip 24 98052-4482 Country 25 USA

2a. Mailing Address
26 PMB 135
Suite, Apt. #, etc.
27 16541 Redmond Way
City & State
28 Redmond, Washington
Zip 29 98052-4482 Country 30 USA

3. Date Incorporated or Qualified
04/08/1994

4. FEI Number
59-3232298
☐ Applied For
☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Bridon, Elizabeth
3892 Hunters Isle Drive
Orlando, Florida 32837

10. Name and Address of New Registered Agent

81 Name
R. Lee Bennett, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
201 E. Pine Street
83
Suite 1200
84 City
Orlando
85 FL Zip Code 32801

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 Asst Secretary Gray Harris & Robinson, P.A. 9-23-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVP	☐ DELETE	1.1 TITLE President	☒ Change ☒ Addition
NAME Bridon, Regis		1.2 NAME Bridon, Regis	
STREET ADDRESS 3892 Hunters Isle Dr.		1.3 STREET ADDRESS PMB 135, 16541 Redmond Way	
CITY-ST-ZIP Orlando, FL 32837		1.4 CITY-ST-ZIP Redmond, Washington 98052-4482	
TITLE VCTS	☐ DELETE	2.1 TITLE VCTS	☒ Change ☐ Addition
NAME Bridon, Elisabeth		2.2 NAME Bridon, Elisabeth	
STREET ADDRESS 3892 Hunters Isle Dr.		2.3 STREET ADDRESS PMB 135, 16541 Redmond Way	
CITY-ST-ZIP Orlando, FL		2.4 CITY-ST-ZIP Redmond, Washington 98052-4482	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

7/29/99 90018 047 550.00 AD

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 — Date — Daytime Phone #

19.25