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 # **P94000080093 (5)**

1. Corporation Name

DIGITAL ART & MOTION, INC.

Principal Place of Business	Mailing Address
5614 S.W. 8TH PLACE GAINESVILLE FL 32607	5614 S.W. 8TH PLACE GAINESVILLE FL 32607

3. Date Incorporated or Qualified: **10/31/1994**

3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business
21: 519-D NW 60TH ST.
22: Suite, Apt. #, etc.
23: GAINESVILLE, FL
24: 32607 (Zip) 25: USA (Country)

2a. Mailing Address
26: 5614 SW 8TH PLACE
27: Suite, Apt. #, etc.
28: GAINESVILLE, FL
29: 32607 (Zip) 30: USA (Country)

4. FEI Number: **59-3283707** ☒ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SINAGRA, FRANK J
110 E. BROWARD BLVD.
SUITE 650
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1502, 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. I/We 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	SINAGRA, ANDREW		1.2 NAME		
STREET ADDRESS	5614 S.W. 8TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	NEARNS, EUGENIO H		2.2 NAME		
STREET ADDRESS	283 S.W. 62ND BLVD., #5		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	SINAGRA, FRANK J		3.2 NAME		
STREET ADDRESS	9401 SEA TURTLE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33342		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		

CR2E034 (12/95)

14. I (We) hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this 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 added by amendment with an address.

SIGNATURE: ANDREW SINAGRA 3/27/96 (352) 331-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER