SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000092203 (6)**

1. Corporation Name
GULFSTAR DIGITAL COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
550 NORTH RED STREET SUITE 300 TAMPA FL 33609-1013 US	451 PRAIRIE LAKE COVE ALTAMONTE SPRINGS FL 32701 US

2. Principal Place of Business 21 47 E. ROBINSON Street	2a. Mailing Address 26 47 E. ROBINSON Street
Suite, Apt. #, etc. 22 210	Suite, Apt. #, etc. 27 210
City & State 23 ORLANDO, FLORIDA	City & State 28 ORLANDO, FLORIDA
Zip 24 32801 Country 25 USA	Zip 29 32801 Country 30 USA

3. Date Incorporated or Qualified 12/21/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3291714	☐ 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

EYERMANN, LOUIS J
451 PRAIRE LAKE COVE
ALTAMONTE SPRINGS FL 32701

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 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 _____ DATE _____
Signature, typed or printed name of registered agent or other if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	D, P	☐ Change ☒ Addition
NAME	EYERMANN, LOUIS J		12 NAME	TOM BURDICK	
STREET ADDRESS	451 PRAIRIE LAKE COVE		13 STREET ADDRESS	6662 / 201 MISSION CLUB BLVD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		14 CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE	C	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WHATLEY, THOMAS		22 NAME		
STREET ADDRESS	1030 MCKEAN CIRCLE		23 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		24 CITY-ST-ZIP		
TITLE	V	☒ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	CANFIELD, FREDERICK P		32 NAME	TOM BEATY	
STREET ADDRESS	1111 LAKESHORE DRIVE, B06		33 STREET ADDRESS	613 ALBERTSON Place	
CITY-ST-ZIP	EUSTIS FL 32726		34 CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	S	☒ DELETE	41 TITLE	~~BOB MC CALL~~ D	☐ Change ☒ Addition
NAME	ESRICK, STEVEN		42 NAME	BOB MC CALL	
STREET ADDRESS	13577 FEATHER SOUND DRIVE, SUITE 450		43 STREET ADDRESS	2213 ~~Standard~~ STARBOARD NORTH WEST	
CITY-ST-ZIP	CLEARWATER FL 34622-5539		44 CITY-ST-ZIP	WINTER HEAVEN, FL 33881	
TITLE	T	☒ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME	DAVIS, ROBERT		52 NAME	SCOT SMOTHERMAN	
STREET ADDRESS	110 COVE COLONY ROAD		53 STREET ADDRESS	128 Wisteria Avenue	
CITY-ST-ZIP	MAITLAND FL 32751		54 CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	CAPELLI, JOSEPH		62 NAME		
STREET ADDRESS	908 RIVERBEND BLVD		63 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #