
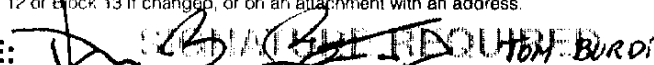


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000092203 (6)</b> 1. Corporation Name <b>GULFSTAR DIGITAL COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>47 E. ROBINSON STREET SUITE 210 ORLANDO FL 32801 US</b>			Mailing Address <b>47 E. ROBINSON STREET SUITE 210 ORLANDO FL 32801-1662 US</b>		
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		3. Date Incorporated or Qualified <b>12/21/1994</b> 3a. Date of Last Report <b>08/07/1996</b> 4. FEI Number <b>59-3291714</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>EYERMANN, LOUIS J 451 PRAIRE LAKE COVE ALTAMONTE SPRINGS FL 32701</b>				10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <b>FL</b>	
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE NAME <b>DP BURDICK, TOM</b> STREET ADDRESS <b>6882/201 MISSION CLUB BLVD</b> CITY-ST-ZIP <b>ORLANDO FL</b> 1.2 TITLE <input type="checkbox"/> DELETE NAME <b>C WHATLEY, THOMAS</b> STREET ADDRESS <b>1030 MCKEAN CIRCLE</b> CITY-ST-ZIP <b>WINTER PARK FL 32789</b> 1.3 TITLE <input type="checkbox"/> DELETE NAME <b>D BEATY, TOM</b> STREET ADDRESS <b>613 ALBERTSON PLACE</b> CITY-ST-ZIP <b>ORLANDO FL</b> 1.4 TITLE <input type="checkbox"/> DELETE NAME <b>D MCCALL, BOB</b> STREET ADDRESS <b>2213 STARBOARD NORTH WEST</b> CITY-ST-ZIP <b>WINTER HEAVEN FL</b> 1.5 TITLE <input type="checkbox"/> DELETE NAME <b>D SMOTHERMAN, SCOT</b> STREET ADDRESS <b>128 WISTERIA AVE</b> CITY-ST-ZIP <b>ORLANDO FL</b> 1.6 TITLE <input type="checkbox"/> DELETE NAME <b>D CAPELLI, JOSEPH</b> STREET ADDRESS <b>908 RIVERBEND BLVD</b> CITY-ST-ZIP <b>LONGWOOD FL 32779</b>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME <b>D, VP</b> 6.3 STREET ADDRESS <b>ERNEST PALMER</b> 6.4 CITY-ST-ZIP <b>1200 MUNSTER STREET, ORLANDO, FL 32803</b>					
14. I do 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.					
SIGNATURE:  <b>TOM BURDICK</b> Date: <b>04/04/97</b> Daytime Phone: <b>407-839-5511</b>					

CR2E034 (9/96)