


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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90029 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000053085**

1. Corporation Name  
**DIGITAL PLANET, INC.**

Principal Place of Business 8860 N.W. 18TH TERRACE MIAMI FL 33172	Mailing Address 8860 N.W. 18TH TERRACE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5690 W. ATLANTIC AVE</b> Suite, Apt. #, etc. 22 <b>#4-301</b> City & State 23 <b>DELRAY BEACH FL</b> Zip Country 24 <b>33484</b> 25	2a. Mailing Address 26 <b>5690 W. ATLANTIC AVE</b> Suite, Apt. #, etc. 27 <b>#4-301</b> City & State 28 <b>DELRAY BEACH FL</b> Zip Country 29 <b>33484</b> 30
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3. Date Incorporated or Qualified <b>07/03/1995</b>	4. FEI Number <b>65-0701817</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**RIVERA, DANIEL**  
**8860 N.W. 18TH TERRACE**  
**MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name <b>DANIEL RIVERA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5690 W. ATLANTIC AVE #4-301</b>
83
84 City <b>DELRAY BEACH FL</b>
85 Zip Code <b>33484</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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>RIVERA, DANIEL</b>
STREET ADDRESS	<b>8860 N.W. 18TH TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33172</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5690 W. ATLANTIC AVE #4-301</b>
1.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>
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 type="checkbox"/> 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: *Daniel Rivera* **REQUIRED** 1/29/99 561 638-2544  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)