## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9500053092 (9)

DIGITAL UNIVERSE, INC.

Principal Place of Business

8860 N.W. 18TH TERRACE

Mailing Address

**FILED** 

Sep 05 1997 8:00am

Secretary of State

MIAMI FL 33172	MIAMI FL 33172			
			DO NOT WRITE	IN THIS SPACE
			<ol> <li>Date Incorporated or Qualified 07/03/1995</li> </ol>	3a. Date of Last Report 06/21/1996
2, Principal Place of Business 21,5753 NW 158 Street	2a. Mailing Address 26 5753 NW	158 Sheet	4. FEI Number 65-0656235	Applied For
Suite, Apt. #, etc.	Suite, Apt #, etc.	100 01160	03 0030233	Not Applicable \$8.75 Additional
22	27		6. Certificate of Status Desired	Fee Required
23 Miani Lakes FL	City & State  28 Miami Lake	s FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip , I Chuniry	7 ip	Country	8. This corporation owes or has pai	d the current year Intangible
24 33014 25		0	Personal Property Tax due June	
9. Name and Address of Current	Registered Agent	04 1	10. Name and Address of New Reg	jistered Agent
OSTROVSKY, BRIAN		81 Name	Brian Ostrovsky	
8860 NW 18 TERR		82 Street	Address (P.O. Box Number is Not Acceptab	le)
MIAMI FL 33172		83 57	53 NW 158 St.	
		63		
		84 City	M. AMI LAKES	B5 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508. Florida Statutos	the shows pamed	Miami Lakes	FL 35014
office of registered agent, or both, in the State of	ot Florida. Such change was au	thorized by the core	poration's board of directors. Thereby accep	t the appointment as registered
agent. I am familiar with, and accept the obliga	rons or, Section 607.0505, Figh	da Statules.		
SIGNATURE Signature, typed or printed name of registered agen	r and title if applicable (NOTE)	Tegistered Agent signature	required when reinstaling	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE P.	☐ DELETE	1.1 TITLE	Dresident	Change Addition
NAME OSTROVSKY, BRIAN		1.2 NAME	Brian Ostrovsky	
STREET ADDRESS 612 CASCADE FALLS DR		1.3 STREET ADDRESS	2528 Eagle Run Ct.	
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY - \$1 - ZIP	Weston, FL 33327	
THTLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2. 4 CITY-S1-ZIP		
TITLE	T DETELE	3.1 TITLE		L Change L. Addition
NAME OVEREZ ADDRESS		3.2 NAME		1
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	LJ Otter	4.1 MEC		Change CJ Anomon
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		62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		1
14. I do hereby certify that the information supplied	with this filing does not qualify f		ated in Section 119 07(3)(i) Florida Statutes	I further certify that the

Information indicated on this annual report or supplemental appeal 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 to funder 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 empower of the execute this report as required by Chapter 607, Florida Statutes; and that my name