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

PROFIT CORPORATION ANNUAL REPORT

1999

DIGITAL GROUP, INC.

1. Corporation Name



DOCUMENT # P95000074605

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta of State

DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90010 017 ***150.00

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Principal Place of Business Mailing Address 11309 KNOT WAY 8860 N.W. 18TH TERRACE MIAMI FL 33172 COOPER CITY FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/27/1995 4. FFI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 52-2040132 11309 Knot Way \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing

Added to Fees Trust Fund Contribution 28 Cooper City Country Country This corporation owes the current year intangible Personal Property Tax. XYes 25 30 24 33026 29 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WARNER, JONATHAN H 701 BRICKELL AVENUE **SUITE 1000**

MIAMI FL 33131

Tara DiPasquale 11309 Knot Way Cooper City FL 33026

82 83

Tara A. DiPasquale
Street Address (P.O. Box Number is Not Acceptable)

11309 Knot Way

85 Zip Code 84 33026

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11. Pursuant to the provisions of Sections 607-6602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered scient, 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 Signature, typed or printed name of registered agent and titled applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTO		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
ITLE	PC	☐ DELETE	1.1 TITLE		X Change	Addition	
AME.	PLOTNEK, HAROLD		1.2 NAME				
STREET ADDRESS	19667 TURNBERRY WAY #27J		1.3 STREET ADDRESS	9200 Redwood Ave			
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP	Bethesda MD 20817			
TITLE	VD	☐ DELETE	2.1 ΠTLE		X Change	☐ Addition	
NAME	PLOTNEK, DAVID		2.2 NAME			ļ	
STREET ADDRESS	10900 BLOOMINGDALE DRIVE		2.3 STREET ADDRESS	9428 Wingfoot Court		ĺ	
CITY-ST-ZIP	ROCKVILLE MD		2 4 CITY-ST-ZIP	Potomac MD 20854			
TITLE	VTSD	☐ DELETE	3.1 TITLE		Change	☐ Addition	
VÁME	KAUFMAN, JAY		3.2 NAME				
STREET ADDRESS	7520 ARROWOOD ROAD		3.3 STREET ADDRESS			1	
CITY-ST-ŽIP	BETHEDA MD 20817		3.4. CITY-ST-ZIP			<u> </u>	
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			1	
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP				
ITTLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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: