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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000091406 (5) DOCUMENT #

STELLAR DIGITAL INC.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
8009 OLD AVE 8009 OLD AVE TAMPA FL 33604					DO NOT WRITE IN	F1HIS SPACE
					3. Date Incorporated or Qualified 01/01/1996	
2. Principal Place of Business 21 8009 OLA AVE		1=01	26 8009 OLA AVIZ		4. FEI Number 59-3348793	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, ctc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	h n '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 7 μ 25 29		Countr 30	Country 8. This corporation owes or has paid the current year Intanges Personal Property 1 ax due June 30. Yes \[\sigma \] Yes		
	9. Name and Address of Cui	rent Registered Agent			10. Name and Address of New Regis	itered Agent
	SKY, STEVE		8	Name		
8009 OLD AVE Tampa Fl 33604			82 Street Add 800 9		dress (P.O. Box Number is Not Acceptable)	
			8:			
			84	City		FL 85 Zip Code
11. Pursuant office or reagent. I as	o the provisions of Sections 607 egistered agont, or both, in the Si n familiar with, and accept the ob	0502 and 607.1508, Florida Sta ate of Florida Such change wa oligations of, Section 607.0505,	tutes, the abous s authorized b Florida Statute	ve-named co by the corpor os.	rporation submits this statement for the pur ation's board of directors. I hereby accept t	
SIGNATURE	Signature typed or printed name of registered		an Albaria		jured when reinstahing)	DĂTÉ
12.		AND DIRECTORS	13.	Jani signardie reg	ADDITIONS/CHANGES TO OFFICER	
TITLE	P	DELETE	1.1 10 LE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	TINSKY, STEVE		1,2 NAME			
STREET ADDRESS	8009 OLD AVE		1.3 STREE	TADDRESS 8	3009 OLA AVE	
CITY-ST-ZIP	TAMPA FL 33604		1.4 CITY-	\$1 - 7IP		
TITLE		☐ DHETE	2.1 TITLE	1		Change Addition
NAME			2.2 NAME	Ì		
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 City 3.1 Tille	·SI·ZIP		Change Addition
NAME			3.2 NAME			stange
STREET ADDRESS				L ADORESS		
CITY-ST-ZIP			3.4. Ct[Y	S1-2IP		
TITLE		JELETE	4 1 Trille			Change Addition
NAME			4. 2 NAMI			
STREET ADDRESS			4.3 STREE	I ADORESS		
CITY-ST-ZIP			44 CITY -	S1-7IP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Add-tion
NAME			5.2 NAME			
STREET ADDRESS			1	1 ADORESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 C/TY - 6.1 TifLE	S1-ZIP		Change Addition
NAME		L Mille	6.1 HALE			ond ige not that
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
WILL 21 - 71		·	0. 011	01 kii 1	10 2 10 07(0)/2 51 11 07	

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 eath; 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

11-100