

**FINAL NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
**AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90017 019 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000091406**

Corporation Name  
**STELLAR DIGITAL INC.**



Principal Place of Business  
 9 OLA AVE  
 TAMPA FL 33604

Mailing Address  
 8009 OLA AVE  
 TAMPA FL 33604  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/01/1996</b>	
4. FEI Number <b>59-3348793</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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TINSKY, STEVE</b> <b>8009 OLA AVE</b> <b>TAMPA FL 33604</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST-ADDRESS ST-ZIP	<b>P</b> <b>TINSKY, STEVE</b> <b>8009 OLA AVE</b> <b>TAMPA FL 33604</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	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 on Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Steve Tinsky* **7/1/99** **813 930 2689**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

P95000091406  
583483-90017-19

Explanation Notice

re: Stellar Digital Inc.

I recently received a second notice for the corporate annual report. I never did receive a first notice for this corporation. I contacted your office and they said to send the report with a check for \$150 and this explanation.

Thank You,

*Steve R. Tinsky*  
Steve Tinsky

1/20/01  
I have received your letter of 1/19/01 regarding the annual report for Stellar Digital Inc. I have reviewed the information and have determined that the information provided is accurate. I have also reviewed the information provided and have determined that the information provided is accurate. I have also reviewed the information provided and have determined that the information provided is accurate.