FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 24 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000053735 (2)

1. Corporation Name
DIGITAL DREAM WORKS INC.

Principal Place of Business	Mailing Address
631 SW 93 COURT MIAMI FL 33172	631 SW 93 COURT MIAMI FL 33174-2262

3. Date Incorporated or Qualified	3a. Date of Last Report
06/24/1996	

2. Principal Place of Business	2a. Mailing Address
21 DIGITAL DREAMWORKS	26 7270 N.W 12th AVE
Suite, Apt. #, etc. 22 # 130	Suite, Apt. #, etc. 27 # 130
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip 24 33126 Country 25 USA.	Zip 29 33126 Country 30 U.S.A

4. FEI Number 65-0676585 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~AMERILAWYER CHARTERED~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name LENNY GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable) 7270 NW 12th SUITE # 130
83
84 City Miami FL — FL 85 Zip Code 33126

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 [signature] 6/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	GONZALEZ, LENNY		1.2 NAME	LENNY GONZALEZ	
STREET ADDRESS	631 SW 93 COURT		1.3 STREET ADDRESS	7270. NW. 12th AVE SUITE # 130	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	Miami, Fl 33126	
TITLE	D	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LABIDOU, MARC		2.2 NAME		
STREET ADDRESS	10510 NW 21 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33322		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	GONZALEZ, SUSAN		3.2 NAME	SUSAN GONZALEZ	
STREET ADDRESS	631 SW 93 COURT		3.3 STREET ADDRESS	7270. N.W. 12th AVE SUITE # 130	
CITY-ST-ZIP	MIAMI FL 33172		3.4 CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE		☐ DELETE	4.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			4.2 NAME	TIM HOGLE	
STREET ADDRESS			4.3 STREET ADDRESS	1111 LINCOLN RD. SUITE # 375	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
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			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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****173.75 ****173.75

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14. I do 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.

SIGNATURE [signature] 6/20/97 305-58-2033