

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

DOCUMENT # P96000054472

1. Corporation Name

DIGITAL DIRECT TV, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

06/26/96

3a. Date of Last Report

2. Principal Place of Business

21 2795 N. Andrews Ave.

Suite, Apt. #, etc.

22

City & State

23 Fort Lauderdale, FL

Zip

24 33311

Country

25 USA

2a. Mailing Address

26 2795 N. Andrews Ave.

Suite, Apt. #, etc.

27

City & State

28 Fort Lauderdale, FL

Zip

29 33311

Country

30 USA

4. FEI Number

65-0674673

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

Regis Moreau

2795 N. Andrews Avenue

Fort Lauderdale, FL 33311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition

1.2 NAME Regis Moreau

1.3 STREET ADDRESS 2795 N. Andrews Ave.

1.4 CITY-ST-ZIP Fort Lauderdale, FL 33311

2.1 TITLE D/V ☐ Change ☒ Addition

2.2 NAME Ben Yomtob

2.3 STREET ADDRESS 2795 N. Andrews Ave.

2.4 CITY-ST-ZIP Fort Lauderdale, FL 33311

3.1 TITLE D/V ☐ Change ☒ Addition

3.2 NAME Sol Israel

3.3 STREET ADDRESS 2795 N. Andrews Ave.

3.4 CITY-ST-ZIP Fort Lauderdale, FL 33311

4.1 TITLE D/S/T ☐ Change ☒ Addition

4.2 NAME Dean Moreau

4.3 STREET ADDRESS 2795 N. Andrews Ave.

4.4 CITY-ST-ZIP Fort Lauderdale, FL 33311

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

President

6/26/97

954-566-8188

FILED
97 JUN 27 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/96)