PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

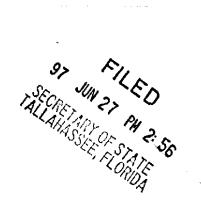
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054472 1. Corporation Name

DIGITAL DIRECT TV, INC.

Principal Place of Business Mailing Address



•]	
					 Date Incorporated or Qualified 06/26/96 	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Add			ess		4. FEI Number	Applied For
21 2795	N. Andrews Ave.	26 2795 N. Andrews Ave.			65-0674673	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	-	27			5. Certificate of Status Desired	Fee Required
City & State		City & State		-	6. Election Campaign Financing	\$5.00 May Be
	Lauderdale, FL	28 Fort Lauderdale, FL			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 3331	1 25 USA 29 33311 30 9. Name and Address of Current Registered Agent		30 []	SA	Florida Statutes X Yes No 10. Name and Address of New Registered Agent	
81 Name						
1						
Regis Moreau 82 Street Address (P.O. Box Number is Not Acceptable)						
2795 N. Andrews Avenue						
Fort Lauderdale, FL 33311						
			ĺ	B4 City		FI 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 societies of						
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 it applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE		☐ DELETE	1.1 7(7	LE	D/P	Change 🔀 Addition
NAME]		1.2 NA	ME	Regis Moreau	
STREET ADDRESS	iS 1.3		1.3 STF	REET ADDRESS	~1/) H. AHATOWS AVO.	
CITY-ST-ZIP				Y-ST-ZIP	Fort Lauderdale, FL 3	13311
TITLE			2.1 TIT		D/V	Change 🙀 Addition
NAME			2.2 NA		Ben Yomtob 2795 N. Andrews Ave.	
STREET ADDRESS				ICET ADDRESS		10011
CITY-ST-ZIP			2 4 Ci	Y-ST-ZIP	Fort Lauderdale, FL 3	Change 🙀 Addition
NAME			3 2 NAI	1		E change A vocation
STREET ADDRESS				REET ADDRESS	Sol Israel 2795 N. Andrews Ave.	
CITY-ST-ZIP				Y - \$1 - ZIP	Fort Lauderdale, FL 3	2211
TITLE		DELETE	41 1(1)		D/S/T	Change v Addition
NAME			4. 2 NA	ME	Dean Moreau	A.
STREET ADDRESS			4.3 STF	EET ADDRESS	2795 N. Andrews Ave.	
CITY-ST-ZIP			4.4 00	Y - ST - 71P		3311
TITLE		☐ DELETE	5.1 7(7)	.E		Change Addition
NAME			5.2 NA	ΛE	2000022	245432
STREET ADDRESS			5.3 STF	EFT ADDRESS	30000677	3701022008
CITY-ST-ZIP				Y - S1 - ZIP	****589	701022008 -00 ****550.00
TITLE	☐ DELETE 617		61711	.E		☐ Change ☐ Addition
NAME	6.2 N		6.2 NAI	AE.		
STREET ADDRESS	•		63SF	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
14. i do hereb	by certify that the information supplied	With this filing does not g	ualify for the e	exemption si	lated in Section 119.07(3)(i). Florida Statutes	I further certify that the

information indicated on this appear each of ysoppier pental annual report is true and accurate and that my signature shall have the same legal effect as if made under oat!

I am an officer or director of the corporalism or true representations are reported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changes, or on in agrachment with an address.

SIGNATURE:

954-566-8188