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

DOCUMENT # P96000088032 (3)

DIGITAL MEDIA NETWORK, INC.

FILED Feb 16 1998 8:00am Secretary of State



				-{	
Principal Place		Mailing Address			
	AKLAND PARK BLVD.	P.O. BOX 5843	310		
SUITE 335	RDALE FL 33313	FORT LAUDERDALE FL 33310		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
1				10/24/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 888 SE THIRD AVE		26 P. O. BOX 5843		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 # 400		27	·	J. Commodic of Clares Desired	Fee Required
City & State 23 FORT LAWDER DALE FL.		City & State 28 FORT I AUDERDALE FL.		6. Election Campaign Financing	\$5.00 May Be
Zip Zip	Country	28 FORT LAMPERE	Country	Trust Fund Contribution	Added to Fees
24 333/6			00 U.SA	 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent year Intangible
241 373/0	9. Name and Address of Currer	t Registered Agent	1 2 74	10. Name and Address of New Registerer	
LIC	C FILING & SEARCH SERVICES		81 Name		
	EAST PARK AVE.	, 110.	$\frac{1}{H}$	IOMAS BERNTHALER	
	. 200			ress (P.O. Box Number is Not Acceptable) W OAKLAND PARY BLVD.	
7414 4114 DOEE EL AARDA					
· · · · ·			SUITE	344	1 1 - 2
•			84 City	ANDERDALE F	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607 1508, Florida Statutes	s, the above-named corp		
office or re	egistered agent, or both, in the State in familiar with, and account the oblice	of Florida, Such change was au ations of Section 607 0505. Flori	thorized by the corpora	poration submits this statement for the purpose thouse of directors. I hereby accept the at	pointment as registered
				3/4/4	97
SIGNATURE	TILOMAS BERNTHAD		Prospered Agent signature requir	red when reinslating) OATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTO	DEFELE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERNTHLER, THOMAS	Disa 41175	1.2 NAME		
STREET ADDRESS	5557 WEST OAKLAND PARK	BLVD., SUITE 330	1.3 STREET ADDRESS		į
CITY-SI-ZIP	LAUDERHILL FL 33319		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-74P		DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE		L. Dereit	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		€ Determ	4.1 HILE 4.2 NAME		The Charles The Manual I
STREET ADDRESS			4.2 NAME 4.3 STREET AODRESS		
CITY-ST-ZIP			4.4 CITY - ST-ZIP		Į
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CATY+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		
0111-31-21F		60. AUG 7 (1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12 '1.12	0.4 GHT-S1-ZIF	D-10- 440 03/0/// FIE-Id- 01-4 14-d-	and the state of the

4. Thereby certify that the information supplied with this fining does not quality 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:

01/30/98

roce # 0279974