

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000025433 (8)**

1. Corporation Name
DIGITAL VIDEO TECHNOLOGIES, INC.

Principal Place of Business

**1207 NORTH HINES AVENUE
SUITE 1
TAMPA FL 33607**

Mailing Address

**1207 NORTH HINES AVENUE
SUITE 1
TAMPA FL 33607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7403 TEMPLE TERRACE HWY SUITE B 22 SUITE B 23 TEMPLE TERRACE, FL 24 33637 25 USA	2a. Mailing Address 26 7403 TEMPLE TERRACE HWY SUITE B 27 SUITE B 28 TEMPLE TERRACE, FL 29 33637 30 USA	3. Date Incorporated or Qualified 03/20/1997	4. FEI Number 59-3435947
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

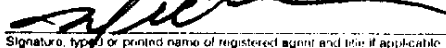
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2625**

10. Name and Address of New Registered Agent

**81 Name MICHAEL A. HANSON
82 Street Address (P.O. Box Number is not acceptable) 7403B TEMPLE TERRACE HWY
83
84 TEMPLE TERRACE FL 85 Zip Code 33637**

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



MICHAEL A. HANSON

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

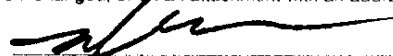
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL A. HANSON	1.2 NAME	
STREET ADDRESS	7403B TEMPLE TERRACE HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE, FLORIDA 33637	1.4 CITY-ST-ZIP	
TITLE	TREASURER/DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH G. WING	2.2 NAME	
STREET ADDRESS	7403B TEMPLE TERRACE HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE, FLORIDA 33637	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

 **MICHAEL A. HANSON**

4-1-98

813-985-0067

CR2E034 (10/97)