

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90037 006 ***150.00

DOCUMENT # P97000042266

1. Corporation Name
DIGITAL EDITING SERVICES, INC.

Principal Place of Business
1155 LOUISIANA AVE. SUITE 101
WINTER PARK FL 32789

Mailing Address
1155 LOUISIANA AVE. SUITE 101
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1997

4. FEI Number

59-3446006

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2221 FORSYTH RD

Suite, Apt. #, etc.

22 UNIT A

City & State

23 ORLANDO, FL

Zip

24 32807

Country

25 USA

2a. Mailing Address

26 2221 FORSYTH RD

Suite, Apt. #, etc.

27 UNIT A

City & State

28 ORLANDO, FL

Zip

29 32807

Country

30 USA

9. Name and Address of Current Registered Agent

ENGELKE, BRYAN L
1155 LOUISIANA AVE, SUITE 101
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

BRYAN L. ENGELKE

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

2221 FORSYTH RD

83 UNIT A

84 City

ORLANDO

FL

85 Zip Code

32807

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 P ☐ DELETE

NAME ENGELKE, DAVID H

STREET ADDRESS 661 ST JOHNS CT

CITY-ST-ZIP WINTER PARK FL 32792

TITLE ST ☐ DELETE

NAME ENGELKE, BRYAN L

STREET ADDRESS 5005 MAUI CIRCLE

CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: BRYAN L. ENGELKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(407) 629-0808

Daytime Phone #

CR2E034 (11/98)

0080679