


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

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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90071 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000103346

1. Corporation Name
-DIGITAL-SATELLITE-TV, INC. NEXWAVE ENTERTAINMENT, INC.

NAME CHANGE @ 12/8/98

Principal Place of Business 665 SE 10TH STREET SUITE 100 DEERFIELD BEACH FL 33441	Mailing Address 665 SE 10TH STREET SUITE 100 DEERFIELD BEACH FL 33441
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1997	4. FEI Number 65-0801284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Trust Fund Contribution <input type="checkbox"/>		
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BUTLER, RICHARD L
665 SE 10TH STREET
SUITE 100
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	BUTLER, RICHARD L.	
STREET ADDRESS	4121 NW 7TH ST	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	OULTON, ROBERT F.	
STREET ADDRESS	3205 CANAL DR	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER, SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	YVONNE M. OULTON	
3.3 STREET ADDRESS	3205 CANAL DRIVE	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BRYAN A. OULTON	
4.3 STREET ADDRESS	3205 CANAL DRIVE	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 1/2/99 954.295.9770
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)