

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90005 020 ***150.00

DOCUMENT # P98000063957

1. Entity Name
DIGITAL VIDEO ARTS OF JACKSONVILLE, INC.



Principal Place of Business
4901 BELFORT RD
STE 165
JACKSONVILLE, FL 32256

Mailing Address
4345 SOUTHPOINT BLVD
STE 100
JACKSONVILLE, FL 32216

2. Principal Place of Business

3. Mailing Address

4901 BELFORT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 165

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32256

FL

01292004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3523276

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROM, STEPHEN G
3001 BARNETT CENTER
50 N LAURA ST
JACKSONVILLE, FL 32202

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HAINES, TONY P
STREET ADDRESS 12918 JUPITER HILLS CIRCLE S
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE D ☐ Delete
NAME MCTAMMANY, BRITT T
STREET ADDRESS 3043 DOCTORS LAKE DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D ☐ Delete
NAME FIVEK, CLARK S
STREET ADDRESS 1202 PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLARK FIVEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARK FIVEK

Date

Daytime Phone #

1-30-04

904-281-1001