

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063957

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: DIGITAL VIDEO ARTS OF JACKSONVILLE, INC.

## Current Principal Place of Business:

4901 BELFORT RD  
STE 165  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

4901 BELFORT RD  
STE 165  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 59-3523276      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HAINES, TONY P  
Address: 12918 JUPITER HILLS CIRCLE S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: MCTAMMANY, BRITT T  
Address: 3043 DOCTORS LAKE DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: FIVEK, CLARK S  
Address: 1202 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAINES, TONY P.

D

01/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date