2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063957

Name:

Address:

City-St-Zip:

FIVEK, CLARK S

1202 PONTE VEDRA BLVD

PONTE VEDRA BEACH, FL 32082

FILED Feb 12, 2008 Secretary of State

Entity Nan	ne: DIGITA	L VIDEO ARTS OF JACKSONV	ILLE, INC.		
Current Principal Place of Business:			New Principal PI	New Principal Place of Business:	
4901 BELFORT RD STE 165 JACKSONVILLE, FL 32256				7775 BELFORT PARKWAY JACKSONVILLE, FL 32256	
Current Ma	ailing Addı	ress:	New Mailing Add	New Mailing Address:	
4901 BELF STE 165 JACKSON		32256	7775 BELFORT P. JACKSONVILLE, I		
FEI Number:	59-3523276	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
PROM, STI 3001 BARN 50 N LAUR JACKSON	NETT CENT A ST		FIVEK, CLARK S 1202 PONTE VED JACKSONVILLE, I		
The above in the State		ty submits this statement for the	purpose of changing its regis	tered office or registered agent, or both,	
SIGNATUR	RE: CLARK	SFIVEK		02/12/2008	
	Electi	onic Signature of Registered Ag	ent	Date	
Election Carr	npaign Financ	sing Trust Fund Contribution ().			
OFFICERS	AND DIRE	ECTORS:	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		()Delete NY P FER HILLS CIRCLE S LLE, FL 32225	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		()Delete Y, BRITT T DRS LAKE DRIVE IRK, FL 32073	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D	() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLARK S FIVEK D 02/12/2008