PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90006 006 ***550.00

DOCUMENT # P	98000079885	
ACTIVE DIGITAL, INC.		
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Driveinal Diago of Business	Mailing Address	 f (BACIENC SIN INIM) JRISC WALLE AND CONTINUES OF SECURIOR SECUL SECUL SECUL SECUL SECUL

Principal Place of Business	Mailing Address			1 JERUSEN 110 10101 JENN SON SON SENS SENS SENS SENS		
6132 SAVOY CIRCLE LUTZ FL 33549	6132 SAVOY CIRCLE LUTZ FL 33549			DO NOT WRITE IN THIS SPACE	 1	
				3. Date incorporated or Qualifed 09/16/1998	ļ	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For Not Applied For Not Applied		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	al	
City & State	City & State		,	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country 24 25	Zip 29 30	Countr	у	8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
		8	Name			
nguyen, son h 6132 savoy circle			2 Street A	ddress (P.O. Box Number is Not Acceptable)		
LUTZ FL 33549		8:	3			
		8-	1	FL 85 Zip Code		
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig	te of Florida. Such change was auth	iorizea bi	v tne corbor	orporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered	ed	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE						
12. OFFICERS	AND DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE D	☐ DELETE	1.1 TITLE		Change Ad	ddition	
NAME NGUYEN, SON H		1.2 NAME			ļ	
STREET ADDRESS 6132 SAVOR CIRCLE			ET ADDRESS		į	

LUTZ FL 33549 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2:4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ____ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE []] Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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: