FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V72258 (9)

1. Corporation Name
DIGITAL D.J. SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
709 ALCAZAR AVE ORMOND BEACH FL 32174	709 ALCAZAR AVE ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4545 S. Atlantic Avenue	26 4545 S. Atlantic Avenue
Suite, Apt. #, etc. 22 Suite 3502	Suite, Apt. #, etc. 27 Suite 3502
City & State 23 Ponce Inlet FL	City & State 28 Ponce Inlet FL
Zip / Country 24 32127 / 25 Volusia	Zip / Country 29 32127 / 30 Volusia

4. FEI Number: 59-3147032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THAW, TINA BETH
709 ALCAZAR AVE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: Tina Beth Thaw
82 Street Address (P.O. Box Number is Not Acceptable): 4545 S. Atlantic Avenue
83 Suite 3502
84 City: Ponce Inlet FL 85 Zip Code: 32127

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: (Tina Beth Thaw) Tina Beth Thaw 4/28/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	THAW, H. LANE	1.2 NAME	Thaw, Tina Beth
STREET ADDRESS	709 ALCAZAR AVE	1.3 STREET ADDRESS	4545 S. Atlantic Avenue, Suite 3502
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ponce Inlet FL 32127
TITLE	VP	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	THAW, TINA BETH	2.2 NAME	Thaw, H. Lane
STREET ADDRESS	709 ALCAZAR AVE	2.3 STREET ADDRESS	4545 S. Atlantic Avenue, Suite 3502
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Ponce Inlet, FL 32127
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Tina Beth Thaw - (Tina Beth Thaw) 4/28/95 904 760 2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404378 FP