

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V72258 (9)

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

Principal Place of Business

4545 S. ATLANTIC AVENUE
SUITE 3502
PONCE INLET FL 32127
US

Mailing Address

4545 S. ATLANTIC AVENUE
SUITE 3502
PONCE INLET FL 32127-7037
US

FILED
May 16 1997 8:00am
Secretary of State



2. Principal Place of Business
21 111 Beach Street
22 Suite, Apt. #, etc.
23 Ponce Inlet FL
24 32127 25 US
26 111 Beach Street
27 Suite, Apt. #, etc.
28 Ponce Inlet FL
29 32127 30 US

3. Date Incorporated or Qualified 10/19/1992
3a. Date of Last Report 04/19/1996
4. FEI Number 59-3147032
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
4545 S. ATLANTIC AVENUE
SUITE 3502
PONCE INLET FL 32127

10. Name and Address of New Registered Agent

81 Name Thaw, Tina Beth
82 Street Address (P.O. Box Number is Not Acceptable) 111 Beach Street
83
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 4/29/97
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME THAW, TINA B
STREET ADDRESS 4545 S. ATLANTIC AVE., STE. 3502
CITY-ST-ZIP PONCE INLET FL
TITLE VP ☐ DELETE
NAME THAW, H. L
STREET ADDRESS 4545 S. ATLANTIC AVENUE, SUITE 3502
CITY-ST-ZIP PONCE INLET FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Thaw, Tina B
1.3 STREET ADDRESS 111 Beach Street
1.4 CITY-ST-ZIP Ponce Inlet FL 32127
2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Thaw, H. L
2.3 STREET ADDRESS 111 Beach St
2.4 CITY-ST-ZIP Ponce Inlet FL 32127
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Tina Beth Thaw Tina Beth Thaw 4/29/97 (904) 760-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #