

2002 UNIFORM BUSINESS REPORT (UBR)

0017227 AT

DOCUMENT # **A21182**

1. Entity Name
CORAL SPRINGS PROFESSIONAL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 14 PM 3:14
5/29

Principal Place of Business
**P.O. BOX 4240
AUSTIN TX 78765**

Mailing Address
**7601 DUNLEER WAY
DALLAS TX 75248**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2602409	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRENNER, SCOTT 3105 N. POWERLINE RD., SUITE 104 POMPANO BEACH FL 33069			Name Street Address (P.O. Box Number is Not Acceptable) 1000 HILLSBORO BLVD SUITE 100 City DEERFIELD BEACH FL Zip Code 33441		

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$10.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M95525 DIG-USA, INC. 7601 DUNLEER WAY DALLAS TX 75248	STREET ADDRESS CITY-ST-ZIP	300005664223--2 -06/03/02--01024--023 ****141.25 ****141.25
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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** hot crafts Date 4/24/02 Daytime Phone # 972-248-1608

CP2E003 (9/01)