

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000003263



1. Entity Name  
 DIGITAL AERIAL SOLUTIONS, LLC

Principal Place of Business  
 8409 LAUREL FAIR CIRCLE  
 100  
 TAMPA, FL 33610 US

Mailing Address  
 8409 LAUREL FAIR CIRCLE  
 100  
 TAMPA, FL 33610 US



06012005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>47-0907854                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

WASIELEWSKI, CASEY J  
 9428 EDDINGS RD  
 TAMPA, FL 33556

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WASIELEWSKI, MICHAEL C<br>8409 LAUREL FAIR CIRCLE SUITE 100<br>TAMPA, FL 33610 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000369004  
 06/06/05-80002-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *M. C. Wasielewski* 01 JUNE 05 813 628 0788  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #