

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000003263

**FILED  
Apr 07, 2008  
Secretary of State**

**Entity Name:** DIGITAL AERIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

8409 LAUREL FAIR CIRCLE  
100  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

8409 LAUREL FAIR CIRCLE  
100  
TAMPA, FL 33610 US

**New Mailing Address:**

8409 LAUREL FAIR CIRCLE  
100  
TAMPA, FL 33610 US

**FEI Number:** 47-0907854      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

WASIELEWSKI, MICHAEL C  
1010 SYMPHONY ISLES BLVD.  
TAMPA, FL 33572 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WASIELEWSKI, MICHAEL C  
**Address:** 8409 LAUREL FAIR CIRCLE SUITE 100  
**City-St-Zip:** TAMPA, FL 33610 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL C. WASIELEWSKI      MGRM      04/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date