FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000116205

1. Entity Name RABIDDIGITAL



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90203 033 ***150.00

DO NOT WRITE IN THIS SPACE

00000000

						20020419				
	ace of Business	3. Mailing Address			7					
12116		12116 W. SANPLE RD			_					
Suite, Apt.	#, etc.	Suite, Apt. #, etc. # 12,16				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	4. FEI Number / Applied For				
CORAL		CORAL SPRINGS , FL				e reamon	N/A		X Not Applicable	
33065	Country VSA	33065	Count	Š A	5 . C	Certificate of Status	Desired [3.75 Additional e Required	
		15 , 4, 4, 4				7. Name and Address of Current Registered Agent				
DO NOT WRITE				JASON KOGAN						
and the control of th			•	Street Address (P.O. Box Number is Not Acceptable)						
	IN THIS SP	ACE		/-	, 0	00 0,,	176 1	<u>,</u>		
			* 1	City CORA	·L	Springs	خ	FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or registe	ered age	ent, or both, in the	State of Florida.	am fam	iliar with, and accept	
the obligation	ons of registered egent.	7							j	
							41	/14/	2003	
SIGNATURE _	Signature, poed or printer, tame of registered agent a	nd title it applicable. (NOT	E: Registered	Agent signalure require	ed when rei	nstating)	3	DATE	2003	
	uay 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25					9. Election Can Trust Fund C	npaign Financing Contribution.	9 🗆	\$5.00 May Be Added to Fees	
	Payable to Florida Department of					<u> </u>	VV to C F			
10.	OFFICERS AND I			* * * * * * * * * * * * * * * * * * * *	<u> </u>	And the second of the	M	3	**************************************	
TITLE NAME	OFFICER / PRESEOEA	it O/P	NAME	2 No. 6				S 2 7 8	A Property Assessment	
ľ	12116 W SAMPRE AD			T ADDRESS		S. S. W. W.		8		
aumu aw 315 1	CORAL SPRINGS F	L, 33065.	- AF	ST-ZIP				Ŷ		
TITLE	<u> </u>		TITLE	20.7				10. 10		
NAME			NAME							
STREET ADDRESS				T ADDRESS .						
CITY-ST-ZIP			F CITY-	ST-ZIP		BACK W	13		A STATE OF THE STA	
TITLE			ntle					1951		
NAME			NAME	·	F					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS " ST-ZIP		DO N	OŢ. W	RIT	Ė	
			TITLE				<u> </u>			
TITLE NAME		•	NAME	1	A	IN TH	IIS SP	AC		
STREET ADDRESS			· c	T ADDRESS.				8	Tan i A	
CITY-ST-ZIP			×	ST-ZIP						
TITLE		·····	TITLE		S 4		*			
NAME			NAME				and supplied the second	in the second	War war war war	
STREET ADDRESS			•	T ADDRESS	· 2			Maria Silandaria		
CITY-ST-ZIP		<u>-</u>	' CITY-	ST-ZIP			* * * * * * * * * * * * * * * * * * *			
TITLE			. THLE	Jan 20 19 1.				1. A	The state of the s	
NAME CTREET ADDRESS			NAME	1.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5 1. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	* *					
AD Therese	att. As a All Section 12 and 4 Park 12th	ALC CIP 126 CC	Oires.			40.07(0)(). Flacide	C - 1 4 - 1 4 - 1	(C \$		

nereby certify that the information spiplied with this filling 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 or supplier ental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.