

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90203 033 \*\*\*150.00

DOCUMENT # P02000116205

1. Entity Name **RABIDDIGITAL**



**DO NOT WRITE IN THIS SPACE**

**90090418**

2. Principal Place of Business <b>12116 W. SAMPLE RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>12116 W. SAMPLE RD</b> Suite, Apt. #, etc. <b>#12116</b>	
City & State <b>CORAL SPRINGS, FL</b>		City & State <b>CORAL SPRINGS, FL</b>	
Zip <b>33065</b>	Country <b>USA</b>	Zip <b>33065</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

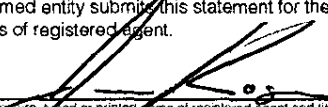
4. FEI Number <b>N/A</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>JASON KOGAN</b>
Street Address (P.O. Box Number is Not Acceptable) <b>12116 W SAMPLE RD</b>
City <b>CORAL SPRINGS</b>
State <b>FL</b>
Zip Code <b>33065</b>

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  DATE **4/14/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE <b>OFFICER / PRESIDENT O/P</b>	TITLE <b>JASON KOGAN</b>	TITLE <b>JASON KOGAN</b>	TITLE <b>JASON KOGAN</b>
NAME <b>JASON KOGAN</b>	NAME <b>JASON KOGAN</b>	NAME <b>JASON KOGAN</b>	NAME <b>JASON KOGAN</b>
STREET ADDRESS <b>12116 W SAMPLE RD</b>	STREET ADDRESS <b>12116 W SAMPLE RD</b>	STREET ADDRESS <b>12116 W SAMPLE RD</b>	STREET ADDRESS <b>12116 W SAMPLE RD</b>
CITY-ST-ZIP <b>CORAL SPRINGS FL 33065</b>	CITY-ST-ZIP <b>CORAL SPRINGS FL 33065</b>	CITY-ST-ZIP <b>CORAL SPRINGS FL 33065</b>	CITY-ST-ZIP <b>CORAL SPRINGS FL 33065</b>
TITLE	TITLE	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

12. 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 or supplemental 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE 

CR020348 (12/02)