FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 10, 2002 8:00 am Secretary of State

DOCUMENT # P97000048776 1. Entity Name				04-10-2002 90449 006 *****150.00	
DIGITALREACH HOLDINGS, INC.					
DO NOT WRITE	IN THIS SF	PAC	E	B006433	34
Principal Place of Business 1845 West Olympic Bl. 3. Mailing Address 11845 West Olympic Bl.		vmpi	c Bi.		
Suite, Apt, #, etc. Suite, Apt. #, etc. Suite 1140 Suite 1140				DO NOT WRITE IN THIS SPACE	
City & State Los Angeles, CA	City & State Los Angeles, CA			4. FEI Number 52-2262373	Applied For Not Applicable
Zip Country 90064 USA	Zip 90064	Country USA		5. Certificate of Status Desired	.75 Additional Required
DO NOT WRITE			Name CT CORPOR	7. Name and Address of Current Registered Agent RATION SYSTEM (P.O. Box Number is Not Acceptable)	
IN THIS SPACE		1200 Sout		th Pine Island Rd.	
			City Plantati o	n FL	Zip Code 33324
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 N/A Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of Sta			e is \$150.00 s \$550.00 s \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND D					
ME Chris Albornoz REETADDRESS 11845 West Olympic Bl.		Ħ	1	•	CR2E034B (12/01)
TITLE S NAME ROY RAYO	S Roy Rayo			<u>, , , , , , , , , , , , , , , , , , , </u>	CR2E03
TY-ST-ZIP Los Angeles, CA 90064		H	T ADDRESS ST-ZIP		
TITLE T,D NAME Albert Quiambao STREET ADDRESS 11845 West Olympic B1.		TITLE NAME STREE	TADDRESS	. ورازد ودرستگیددیتین - ی روزامیتور الله یشین از اسامه الهمانده -	· · · · · · · · · · · · · · · · · · ·
Los Angeles, CA 90064	Los Angeles, CA 90064		ST-ZIP	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS		T ADDRESS ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS		TITLE NAME STREE	T ADDRESS	and the second s	
TITLE NAME STREET ADDRESS		CITY -: TITLE NAME STREET	T ADDRESS		
13. 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 11 or on an attachment with an address, with all other like empowered.					
SIGNATURE: Boy Rayo Oorp. Sec. March 4, 2002 (310) 477-7395					