

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90004 036 ***150.00

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1. Entity Name
180 DIGITAL INTERIORS, INC.



Principal Place of Business
6365 N.W. 6TH WAY, SUITE 200
FT. LAUDERDALE, FL 33309

Mailing Address
6365 N.W. 6TH WAY, SUITE 200
FT. LAUDERDALE, FL 33309



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2498450

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	GIACALONE, PETER
STREET ADDRESS	6365 N.W. 6TH WAY, SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

TITLE	VSTD
NAME	AMATO, STEVEN C
STREET ADDRESS	6365 N.W. 6TH WAY, SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

TITLE	D
NAME	NEWELL, ROBERT R
STREET ADDRESS	6365 N.W. 6TH WAY, SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/16/06
Date

954-878-3505
Daytime Phone #