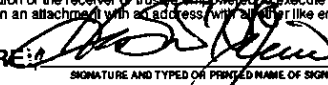


FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90153 033 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10042218

DOCUMENT # P98000061048					
1. Entity Name DIGI-COM SYSTEMS, INC. OF SOUTH FLORIDA					
Principal Place of Business C/O D'ARGENIO 11097 - VIA AMALFI BOYNTON BEACH, FL 33437			Mailing Address C/O D'ARGENIO 11097 - VIA AMALFI BOYNTON BEACH, FL 33437		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0851553				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, ANTHONY G JR 4160 NW 99 AVENUE CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) <i>address change</i> 11097 VIA AMALFI City BOYNTON BEACH FL Zip Code 33437	
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 3-15-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME D'ARGENIO, HERBERT STREET ADDRESS 4160 NW 99 AVENUE CITY-ST-ZIP CORAL SPRINGS, FL 33065 <i>address change</i>				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 11097 VIA AMALFI CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with authority like empowered.					
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 3-15-03 DAYTIME PHONE # 561-364-2264	

CP2E034 (10/02)