2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 08, 2005 08:00 AM **DOCUMENT # 482955 Secretary of State** 1. Entity Name DIGITAL DREAM PRODUCTIONS, INC. Principal Place of Business Mailing Address 635 EGRET BLUFF LANE JACKSONVILLE FL 32211 US 635 EGRET BLUFF LANE JACKSONVILLE FL 32211 US 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1993994 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, MERRIL K. Street Address (P.O. Box Number is Not Acceptable) 777 S. FLETCHER AVE. AMELIA ISLAND FL 32034 City Zip Code F 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 Signature, typed or printed name of registered agent and tiffe if applicable NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Delete TITLE Change Addition TITLE U00000220893 MOORE, MERRILL K NAME NAME 02/09/05-80009-019 150.00 STREET ADDRESS STREET ADDRESS 777 S. FLETCHER AVE. CITY-ST-ZIP AMELIA ISLAND FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME MOORE, MARY M NAME STREET ADDRESS STREET ADDRESS 777 SOUTH FLETCHER AVE DITY-ST-7IP CITY - ST - ZIP AMELIA ISLAND FL 32034 ☐ Change ☐ Addition THILE ☐ Delete DULF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-5T-7IP Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP 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 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: Many M. Moore

Mary M. MODRE 2-2-05 904-277-3156
HEER OR DRIVE DOUGH Phone 4

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