

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003655

DOCUMENT # **482955**

1. Entity Name  
~~SPORTS FIRST, INC.~~ *CHANGE TO:*  
**DIGITAL DREAM PRODUCTIONS**



**FILED**  
**May 01, 2003 8:00 A.M.**  
**Secretary of State**

Principal Place of Business Mailing Address  
148 NORTH 4TH STREET *635 EGRET* P.O. BOX *727* *SAME*  
AMELIA ISLAND FL 32034 *BLUFF LAKE* AMELIA ISLAND FL 32035-0727  
US *JACKSONVILLE FL* US  
*32211*



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1993994** Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**MOORE, MERRIL K.**  
**777 S. FLETCHER AVE.**  
**AMELIA ISLAND FL 32034**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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]* DATE **4-24-03**  
Signature and/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 |                             | <input type="checkbox"/> Delete |
|----------------------------|-----------------------------|---------------------------------|
| TITLE                      | <b>P</b>                    |                                 |
| NAME                       | <b>MOORE, MERRIL K</b>      |                                 |
| STREET ADDRESS             | <b>777 S. FLETCHER AVE.</b> |                                 |
| CITY-ST-ZIP                | <b>AMELIA ISLAND FL</b>     |                                 |
| TITLE                      |                             | <input type="checkbox"/> Delete |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY-ST-ZIP                |                             |                                 |
| TITLE                      |                             | <input type="checkbox"/> Delete |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY-ST-ZIP                |                             |                                 |
| TITLE                      |                             | <input type="checkbox"/> Delete |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY-ST-ZIP                |                             |                                 |
| TITLE                      |                             | <input type="checkbox"/> Delete |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY-ST-ZIP                |                             |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE   |  |                                 |                                   |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |
| TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |
| TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |
| TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |

**100021766581**  
**07/24/03--01058--031 \*\*150.00**

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (10/02)