## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # F00000001741  1. Entity Name							05-13-2002 90160 033 ***150.00	
DIGITAL BLACKSMITH, INC.								
	DO NO	T WRITE	IN THIS S	PAC				
Principal Place of Business     3. Mailing Address						<u>-</u>		
15910 KNIGHTSBRIDGE Suite, Apt. #, etc. COURT			1700 OLD DEFRETELD ROAD Suite, Apt. #, etc.				T. 110 and a s	
COOKI			Soite, Apr. #, etc.	Solie, Apr. #, de.		DO NOT WRITE IN	THIS SPACE	
City & State FORT MYERS, FL			City & State HIGHLAND PARK, IL			4. FEI Number 93–1087773	Applied For Not Applicable	
Zip 339()8	Zip Country USA		Zip 60035	Country USA		5. Certificate of Status Desired	¢9.75	
	en communication	and the state of the state of	and the same and a larger	ichemient.		7. Name and Address of Current Regi		
DO NOT WRITE					Name GEORGE W. HULSEMAN			
	Full Control to grading	11. (001.1 PP00 + () + () 14. (() 1.	Edinibili da Citabili de Cara		Street Addr	ess (P.O. Box Number is Not Acceptable)		
IN THIS SPACE						5910 KNIGHTSBRIDGE COUP	<b>Э</b> Т	
			부부림물은 발생 호망 내는 것도 그런 1번째 중요한 번 1월25		City	ORT MYERS	Zip Code	
8. The above	e named entity s	ubmits this statement fo	or the purpose of changing it	s registere		gistered agent, or both, in the State of Florida.	33908	
		•		_	·			
SIGNATURE	Signature, typed or p	rinted name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature re	equired when reinstating)	DATE	
		to satisfy its Intangible	January 1 -	May 1 Fe	e is \$150.00			
	requirement and ria on back)	l elects to do so.		d UBR is	\$61.25	10. Election Campaign Financin Trust Fund Contribution.	9 \$5.00 May Be Added to Fees	
11.		OFFICERS AND	Make Check Paya DIRECTORS	ble to De	partment of	State		
TITLE	PTD			TITLE			£	
NAME STREET ADDRESS	HULSEMAN, GEORGE W.			NAME	F ADDRESS		(12/	
CITY-ST-ZIP	I IJJIU KNIGHTSBRIDGE COHET			CITY	II uganapas ka 🛶		CR2E034B (12/01)	
TITLE	VSD			TITLE			42E0	
NAME STREET ADDRESS	1	N, TERESA	NAM!		AÓDRESS		5	
CITY-ST-ZIP	15910 KNIGHTSBRIDGE COURT			ÇITY-S				
TITLE &	FORT MYERS, FL 33908							
STREET ADDRESS				··- S = NAME: STREET	ADORESS		A CONTRACTOR OF THE PROPERTY O	
CITY-ST-ZIP				CITY-S	and the second section of the section of t	DO NOT W	RITE	
TITLE NAME				TITLE		IN THIS SP	ΔCF	
STREET ADDRESS				NAME STREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-2 P			
TITLE NAME				TITLE			* * * * * * * * * * * * * * * * * * * *	
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP				CITY-S	T- ZIP			
TITLE NAME				TITLE:				
STREET ADDRESS	i			19.0	ADDRESS			
CITY-ST-ZIP	L			CITY-S				
13. I hereby of indicated of the cor-	certify that the inf on this report or	formation supplied with supplemental report is	this filing does not qualify for true and accurate and that r	r the exem ny signatu	ption stated in re shall have	n Section 119.07(3)(i), Florida Statutes. I furthe the same legat effect as if made under oath; th er 607, Florida Statutes; and that my name ap	r certify that the information lat I am an officer or director	
attachme	nt with an addre	eserver or trustee emp sa, with all other like em	nowered to execute this repo	rt as requi	rea by Chapt	er bu7, Florida Statutes; and that my name ap	pears in Block 11 or on an	
SIGNAT	URF:	/Leona /	L. Som		ĺ	4/22/67 239-	415-4165	
J. J. 1771		SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTO	R	Date	Daytime Phone •	