

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0032038  
AV

DOCUMENT # F01000003526

1. Entity Name  
DIGITAL INTERACTIVE STREAMS, INC.FILED  
03 JUN -2 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Principal Place of Business  
4337 PABLO OAKS COURT, BUILDING 200  
JACKSONVILLE FL 32224Mailing Address  
4337 PABLO OAKS COURT, BUILDING 200  
JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 59-3676574

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

## 7. Name and Address of New Registered Agent

O'BRIEN, ROYAL  
4337 PABLO OAKS COURT, BUILDING 200  
JACKSONVILLE FL 32224

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, 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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State9. 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 CD ☐ Delete  
NAME O'BRIEN, ROYAL J  
STREET ADDRESS 4337 PABLO OAKS COURT, BUILDING 200  
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE ☒ Change ☐ Addition  
NAME Royal J. O'BRIEN  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Delete  
NAME SARNEY, GEORGE W  
STREET ADDRESS 4337 PABLO OAKS COURT, BUILDING 200  
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE ☐ Change ☐ Addition  
NAME 300020826493  
STREET ADDRESS 06/13/03--01080--016 \*\*558.75  
CITY-ST-ZIPTITLE P ☐ Delete  
NAME PRESLEY, HERBERT C  
STREET ADDRESS 4337 PABLO OAKS CT #200  
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE ☒ Change ☐ Addition  
NAME Herbert L. Presley  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME MOORE, KELLY S  
STREET ADDRESS 4337 PABLO OAKS CT #200  
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☒ Delete  
NAME PARSONS, RICHARD G  
STREET ADDRESS 4337 PABLO OAKS CT. #200  
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Matthew W. Shaw  
CITY-ST-ZIP 4337 Pablo oaks Ct #200  
Jacksonville FL 32224TITLE ST ☐ Delete  
NAME BRAUNLICH, SANDRA S  
STREET ADDRESS 4337 PABLO OAKS CT. #200  
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE ☐ 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 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

SANDRA S. Braunlich

5/30/03 904-992-6696

Date

Daytime Phone #

CR2E034 (10/02)