## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 17, 2007 8:00 am Secretary of State **DOCUMENT # F05000003999** 05-17-2007 90032 026 \*\*\*150 00 180 DIGITAL INTERIORS, INC. Mailing Address Principal Place of Business darra... 6365 N.W. 6TH WAY, SUITE 200 6365 N.W. 6TH WAY, SUITE 200 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6501 E. BELLEVIEW AVE 6501 E. BELLEVIEW AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 05042007 Chg-P CR2E034 (12/06) SUITE 500 SUITE 500 City & State 4. FEI Number Applied For City & State ENGLEWOOD Co CO 20-2498450 Not Applicable ENGLE WOOD Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired 8011 USA 80111 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City 6. 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) \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PcD **М** Сһалде Addition TITLE ☐ Delete TITLE GIACALONE, PETER GIACALONE, PETER NAME NAME 6501 E. BELLEVIEW AVE SUITE 500 STREET ADDRESS 6365 N.W. 6TH WAY, SUITE 200 STREET ADDRESS ENGLEWOOD, CO 8011 CITY-ST-ZIP FT. LAUDERDALE, FL 33309 CITY-ST-ZIP VSTD ☐ Change ☐XAddition TITLE **Delete** TITLE WESTBERG, STEVEN C AMATO, STEVEN C NAME NAME 6501 E. BELLEVIEWAVE, SUITE 500 STREET ADDRESS STREET ADDRESS 6365 N.W. 6TH WAY, SUITE 200 ENGLEWOOD, CU 80111 CITY-ST-71P CITY-ST-ZIP FT. LAUDERDALE, FL 33309 Delete Change Addition TITLE TITLE NEWELL, ROBERT R NAME NAME STREET ADDRESS 6365 N.W. 6TH WAY, SUITE 200 STREET ADDRESS FT. LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

STEVEN C. WESTBERG

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

5/8/07

2007 FOR PROFIT CORPORATION
\_\_\_\_\_ANNUAL REPORT

SIGNATURE AND T

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # F05000003999 1. Entity Name ATTACHMENT T80 DIGITAL INTERIORS, INC Principal Place of Business Mailing Address 6365 N.W. 6TH WAY, SUITE 200 6365 N.W. 6TH WAY, SUITE 200 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 40115325 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6501 E. BELLEVIEW AV. 6501 E. BELLEVIEW AVE Suite, Apt. #, etc. SUITE 500 Suite, Apt. #, etc. 05042007 CR2E034 (12/06) Chg-P SUITE 500 City & State City & State 4. FEI Number Applied For ENGLEWOOD CoENGLE WOOD Co 20-2498450 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 80111 11.50 80111 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PCD TITLE PCD Delete TITLE M Change Addition GIACALONE, PETER GIACALONE, PETER NAME NAME 6501 E. BELLEVIEW AVE, SUITE 500 6365 N.W. 6TH WAY, SUITE 200 STREET ADDRESS STREET ADDRESS ENGLEWOOD, CO 80111 CITY-ST-ZIP FT. LAUDERDALE, FL 33309 CITY-ST-ZIP VSTD VSTD ☐ Change ☐ Addition TITLE **X** Delete TITLE WESTBERG, STEVEN C. 6501 E. BELLEVIEWAVE, SUITE 500 AMATO, STEVEN C NAME NAME 6365 N.W. 6TH WAY, SUITE 200 STREET ADDRESS STREET ADDRESS ENGLEWOOD, CO 80111 CITY-ST-ZIP FT. LAUDERDALE, FL 33309 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NEWELL, ROBERT R NAME STREET ADDRESS 6365 N.W. 6TH WAY, SUITE 200 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Charige Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 logal effect as if made under eath; 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. 5/8/07 STEVEN C. WESTBERG 303-395-<u>600</u>0 SIGNATURE: