

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006443

Entity Name: DIGICHART, INC.

FILED
Sep 25, 2008
Secretary of State

Current Principal Place of Business:

102 WOODMONT BLVD STE 500
NASHVILLE, TN 37205

New Principal Place of Business:

Current Mailing Address:

102 WOODMONT BLVD STE 500
NASHVILLE, TN 37205

New Mailing Address:

FEI Number: 62-1657235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCOO () Delete
Name: DUMKE, BRAD
Address: 102 WOODMONT BLVD STE 500
City-St-Zip: NASHVILLE, TN 37205

Title: V () Delete
Name: WAGERS, J. RICHARD JR
Address: 3319 WEST END AVE SUITE 700
City-St-Zip: NASHVILLE, TN 372038640

Title: TV () Delete
Name: MAPLES, JULIE
Address: 102 WOODMONT BLVD STE 500
City-St-Zip: NASHVILLE, TN 37205

Title: CEOD () Delete
Name: BATES, WILLIAM G
Address: 102 WOODMONT BLVD STE 500
City-St-Zip: NASHVILLE, TN 37205

Title: V (X) Delete
Name: MCCOY, MICHEAL
Address: 102 WOODMONT BLVD STE 500
City-St-Zip: NASHVILLE, TN 37205

Title: VD (X) Delete
Name: WAGERS, J. RICHARD JR
Address: 3319 WEST END AVE SUITE 700
City-St-Zip: NASHVILLE, TN 372038640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCOO (X) Change () Addition
Name: PREDMORE, SHELLEY
Address: 102 WOODMONT BLVD STE 500
City-St-Zip: NASHVILLE, TN 37205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOP (X) Change () Addition
Name: BATES, WILLIAM G
Address: 102 WOODMONT BLVD STE 500
City-St-Zip: NASHVILLE, TN 37205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE ROLESAN

Electronic Signature of Signing Officer or Director

DIRH

09/25/2008

Date