2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2004 08:00 AM Secretary of State DOCUMENT # F40202 MAIN DIGITAL, INC. Principal Place of Business Mallino Address 3111 CARDINAL DRIVE 3111 CARDINAL DRIVE VERO BEACH, FL 32963 VERO BEACH, FL 32963 03172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0048073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'HAIRE, MICHAEL DO NOT WRITE 3111 CARDINAL DRIVE VERO BEACH, FL 32960 IN THIS SPACE 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MAYS, PATRICIA A NAME STREET ADDRESS 8386-75TH COURT CITY-ST-ZIP VERO BCH, FL 00000, שט O'HAIRE, MICHAEL MAME STREET ADDRESS 3111 CARDINAL DR VERO BCH, FL 00000. CHY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DDE NAME STREET ADDRESS CATY-ST-ZIP T)71 E NAME STREET ADDRESS CITY-57-Z/P

12. Thereby 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 call; that I am an officer or director of the corporation or the receiver or flustree 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 attackment with a radionass, with pull-plant like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CHY-ST-ZIP

OFFICER OR DIRECTOR

FILED