

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91563 041 \*\*\*150.00

**DOCUMENT #** F97000001757

**1. Entity Name**  
Digital City, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
22000 AOL Way

Suite, Apt. #, etc.

**3. Mailing Address**  
22000 AOL Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Dulles, VA

**City & State**  
Dulles, VA

**4. FEI Number**  
54-1804465

**Applied For**  
☐ Not Applicable

**Zip**  
20166

**Country**  
USA

**Zip**  
20166

**Country**  
USA

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Corporation Service Company

**Street Address (P.O. Box Number is Not Acceptable)**  
1201 Hayes Street

**City** Tallahassee **FL** **Zip Code** 32301

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

SEE ATTACHED

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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IN THIS SPACE**

**13. 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 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Katherine E. Wychulis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

703/265-1000

Daytime Phone #

CR2E034B (12/01)

Directors and Officers as of Monday, April 01, 2002

**Directors**

Minimum: 1 Maximum: 4 Current: 3 Authorized number: N/A Quorum: Not on file

*Name and date elected*

*Business Address*

**Randall J. Boe**

*Elected:* 1/19/2001

22000 AOL Way

*Resigned:*

*Citizenship:*

Dulles, Virginia  
20166

**Paul R. DeBenedictis**

*Elected:* 10/9/1996

22110 Pacific Boulevard

*Resigned:*

*Citizenship:*

Dulles, VA  
20166

**Joseph A. Ripp**

*Elected:* 1/19/2001

22000 AOL Way

*Resigned:*

*Citizenship:*

Dulles, Virginia  
20166

[A] indicates an Associate Director

**Officers**

<i>Title</i>	<i>Name and date appointed</i>	<i>Business Address</i>
<b>President</b>	Paul R. DeBenedictis <i>Appointed:</i> 7/30/1997 <i>Resigned:</i>	22110 Pacific Boulevard  Dulles, VA 20166
<b>Assistant Secretary</b>	Katherine E. Wychulis <i>Appointed:</i> 1/19/2001 <i>Resigned:</i>	22000 AOL Way  Dulles, Virginia 20166
<b>Vice President &amp; Secretary</b>	Randall J. Boe <i>Appointed:</i> 1/19/2001 <i>Resigned:</i>	22000 AOL Way  Dulles, Virginia 20166
<b>Vice President &amp; Treasurer</b>	Joseph A. Ripp <i>Appointed:</i> 1/19/2001 <i>Resigned:</i>	22000 AOL Way  Dulles, Virginia 20166