
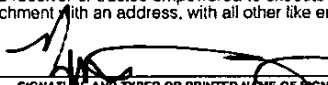


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
05 APR 27 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001757					
1. Entity Name <b>DIGITAL CITY, INC.</b>					
Principal Place of Business <b>22000 AOL WAY DULLES, VA 20166 US</b>			Mailing Address <b>22000 AOL WAY DULLES, VA 20166 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-1804465</b>	
Zip		Zip		Country	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	Vice President, Tax <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SWAD, STEPHEN M		NAME	Diane Rofleder Watkinson (VPT)	
STREET ADDRESS	22000 AOL WAY		STREET ADDRESS	22000 AOL Way	
CITY-ST-ZIP	DULLES, VA 20166		CITY-ST-ZIP	Dulles, VA 20166	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	Vice President, Facilities <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WYCHULIS, KATHERINE E		NAME	Michael Bartelmer (VP F)	
STREET ADDRESS	22000 AOL WAY		STREET ADDRESS	22110 Pacific Blvd.	
CITY-ST-ZIP	DULLES, VA 20166		CITY-ST-ZIP	Dulles, VA 20166	
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	Vice President (VP) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOE, RANDALL J		NAME	Mark A. Warner	
STREET ADDRESS	22000 AOL WAY		STREET ADDRESS	One Time Warner Center	
CITY-ST-ZIP	DULLES, VA 20166		CITY-ST-ZIP	New York, NY 10019	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LU, CURTIS		NAME		
STREET ADDRESS	22000 AOL WAY		STREET ADDRESS		
CITY-ST-ZIP	DULLES, VA 20166		CITY-ST-ZIP		
TITLE	VPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLAN, THOMAS R		NAME	200052362842	
STREET ADDRESS	22000 AOL WAY		STREET ADDRESS		
CITY-ST-ZIP	DULLES, VA 20166		CITY-ST-ZIP		
TITLE	VPAT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAMBOUR, ANNALIESE S		NAME		
STREET ADDRESS	ONE TIME WARNER CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		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: 		Date: <b>5/26/05</b>		Daytime Phone #: <b>(703) 265-1000</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

05/26/05 APR



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 337269 4392002

AUTHORIZATION *Patricia Pizant*

COST LIMIT : \$ 150.00

ORDER DATE : April 26, 2005

ORDER TIME : 11:53 AM

ORDER NO. : 337269-005

CUSTOMER NO: 4392002

CUSTOMER: Donna Mullin, Legal Asst  
America Online Inc.  
22000 Aol Way

Dulles, VA 20166-9323

ANNUAL REPORT FILING

NAME: DIGITAL CITY INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

**RECEIVED**  
 05 APR 27 PM 12:53  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA