

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90260 013 ***150.00

DOCUMENT # F97000001757

1. Entity Name
DIGITAL CITY, INC.



Principal Place of Business
**22000 AOL WAY
DULLES VA 20166
US**

Mailing Address
**22000 AOL WAY
DULLES VA 20166
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1804465**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

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

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEBENEDICTIS, PAUL R	
STREET ADDRESS	22110 PACIFIC BLVD.	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WYCHULIS, KATHERINE E	
STREET ADDRESS	22000 AOL WAY	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	BOE, RANDALL J	
STREET ADDRESS	22000 AOL WAY	
CITY-ST-ZIP	DULLES VA 20166	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	RIPP, JOSEPH A	
STREET ADDRESS	22000 AOL WAY	
CITY-ST-ZIP	DULLES VA 20166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen M. Swad	
STREET ADDRESS	22000 AOL Way	
CITY-ST-ZIP	Dulles, VA 20166	
TITLE	VP/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annaliese S. Kambour	
STREET ADDRESS	75 Rockefeller Plaza	
CITY-ST-ZIP	NY, NY 10019	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtis Lu	
STREET ADDRESS	22000 AOL way	
CITY-ST-ZIP	Dulles, VA 20166	
TITLE	VP/Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas R. Colan	
STREET ADDRESS	22000 AOL Way	
CITY-ST-ZIP	Dulles, VA 20166	
TITLE	VP, Facilities	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Bartscherer	
STREET ADDRESS	20110 Pacific Blvd.	
CITY-ST-ZIP	Dulles, VA 20166	
TITLE	VP, Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Rohleder	
STREET ADDRESS	22000 AOL way	
CITY-ST-ZIP	Dulles, VA 20166	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED
Katherine E. Wychulis

Date **4/21/03** Daytime Phone # **703/265-1000**

CR2E034 (10/02)