


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90238 036 ***150.00

DOCUMENT # F98000001644	
1. Entity Name FLORIDA DIGITAL NETWORK, INC.	

Principal Place of Business 390 NORTH ORANGE AVENUE 2000 ORLANDO, FL 32801 US	Mailing Address 390 NORTH ORANGE AVENUE 2000 ORLANDO, FL 32801 US
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54035065



2. Principal Place of Business Suite, Apt. #, etc. 2301 Lucien Way City & State Maitland, FL Zip 32751 Country	3. Mailing Address Suite, Apt. #, etc. 2301 Lucien Way City & State Maitland, FL Zip 32751 Country
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04072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GALLAGHER, MICHAEL P 390 N ORANGE AVE, STE #2000 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2301 Lucien Way Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULL, DAVID 1428 15TH STREET DENVER, CO 80202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, JOHN 201 N. UNION ST. STE 300 BOSTON, MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHETH, NEIL 75 STATE ST., STE 2500 BOSTON, MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROLL, DAVID D 75 STATE ST., STE 2500 BOSTON, MA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CLAUDY, PETER H 75 STATE ST., STE 2500 BOSTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RUSSELL, STEVEN 390 N ORANGE AVE SUITE 2000 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO MEISTER, Kenneth J. 2301 Lucien Way Maitland, FL 32751

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 information empowered.

SIGNATURE: _____ **4/16/04** **407-835-0418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #