2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## FILED DOCUMENT # F98000001644 05 NOV 10 PH 4: 11 FLORIDA DIGITAL NETWORK, INC. Principal Place of Business Mailing Address 2301 LUCIEN WAY 2301 LUCIEN WAY MAITLAND, FL 32751 MAITLAND, FL 32751 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11072005 Cha-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 58-2395183 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zio 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE **PCEO** Delete TITLE \_\_\_ Change NAME GALLAGHER, MICHAEL P NAME 300061345783 11/10/05--01043--007 \*\*61 STREET ADDRESS 2301 LUCIEN WAY STREET ADDRESS \*\*61.25 CITY-ST-ZIP MAITLAND, FL 327510 CITY+SI-7IP Director Addition TITLE ☐ Delete TITLE Lewis, Rand 1428 15th Street NAME HULL, DAVID NAME STREET ADDRESS 1428 15TH STREET STREET ADDRESS **DENVER, CO 80202** CITY-ST-ZIP CITY-ST-ZIP Denver CO 80202 D ☐ Addition TITLE ☐ Delete SIEGEL, JOHN NAME NAME STREET ADDRESS 201 N. UNION ST. STE 300 STREET ADDRESS Alexandria, CITY-SI-ZIP BOSTON, MA CITY-ST-ZIP Director Savignol, Rob TITI F Addition TITLE D □ Delete SHETH, NEIL NAME NAME 75 State Street Ste. 2500 STREET ADDRESS 75 STATE ST., STE 2500 STREET ADDRESS CITY-ST-ZIP Boston, MA Ó2109 BOSTON, MA CITY-ST-7IP Change ೭೦೦ Addition Delete TITLE TITLE D Boeremay Don 2301 Lucien Way, Ste 200 CLAUDY, PETER H NAME NAME 75 STATE ST., SUITE 2500 STREET ADDRESS STREET ADDRESS maitiand, FL 32751 CITY-ST-ZIP CITY-ST-ZIP BOSTON, MA Delete ☐ Change **P**Addition TITLE TITLE Blocha, matt NAME NAME Maitland, FL 30751 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 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: \_ AME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED