

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90116 046 ***150.00

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1. Entity Name
FLORIDA DIGITAL NETWORK, INC.



Principal Place of Business
**2301 LUCIEN WAY
MAITLAND, FL 32751 US**

Mailing Address
**2301 LUCIEN WAY
MAITLAND, FL 32751 US**

DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2395183

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
GALLAGHER, MICHAEL P
2301 LUCIEN WAY
MAITLAND, FL 327510**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAND, LEWIS
1428 15TH STREET
DENVER, CO 80202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIEGEL, JOHN
201 N. UNION ST. STE 300
ALEXANDRIA, VA 22134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAVIGNOL, ROB
75 STATE ST., STE 2500
BOSTON, MA 02109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLAUDY, PETER H
75 STATE ST., SUITE 2500
BOSTON, MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO /ST
BOEREMA, DON
2301 LUCIEN WAY, SUITE 200
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/06