

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90275 001 \*\*\*450.00

**DOCUMENT # F99000004187**

1. Entity Name

**SOUTHERN DIGITAL NETWORK, INC.**

Principal Place of Business

**390 NORTH ORANGE AVENUE, SUITE 2000  
 ORLANDO FL 32801**

Mailing Address

**390 NORTH ORANGE AVENUE, SUITE 2000  
 ORLANDO FL 32801**

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

**06-1569473**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **GALLAGHER, MICHAEL P**  
 STREET ADDRESS **390 NORTH ORANGE AVENUE, SUITE 2000**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **CFO** ☐ Change ☒ Addition  
 NAME **Steven Russell**  
 STREET ADDRESS **390 N. Orange Ave., Suite 2000**  
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **ST** ☐ Delete  
 NAME **DABRAMO, JAMES**  
 STREET ADDRESS **1523 SOUTH GREENLEAF COURT**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ Change ☒ Addition  
 NAME **John Woodruff**  
 STREET ADDRESS **500 W. Putnam Ave.**  
 CITY-ST-ZIP **Greenwich, CT 06830**

TITLE **D** ☐ Delete  
 NAME **KOLSBY, RICHARD B**  
 STREET ADDRESS **4575 PEACHTRE DUNWOODY ROAD**  
 CITY-ST-ZIP **ATLANTA GA 30342**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Gillis Cashman**  
 STREET ADDRESS **75 State St, Suite 2500**  
 CITY-ST-ZIP **Boston, MA**

TITLE **D** ☐ Delete  
 NAME **CLAUDY, PETER H.O.**  
 STREET ADDRESS **75 STATE STREET, SUITE 2500**  
 CITY-ST-ZIP **BOSTON MA 02109**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **RUBINS, MATTHEW**  
 STREET ADDRESS **75 STATE STREET, SUITE 2500**  
 CITY-ST-ZIP **BOSTON MA 02109**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CROLL, DAVID D**  
 STREET ADDRESS **75 STATE STREET, SUITE 2500**  
 CITY-ST-ZIP **BOSTON MA 02109**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Steven Russell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6 FEB 2002 835-2362**

Date

Daytime Phone #

CR2E034 (9/01)