


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90568 044 ***150.00

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|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F99000004187 1. Entity Name SOUTHERN DIGITAL NETWORK, INC. |  |
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| Principal Place of Business 2301 LUCIEN WAY MAITLAND, FL 32751 | Mailing Address 2301 LUCIEN WAY MAITLAND, FL 32751 |
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 06-1569473 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | |
|------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GALLAGHER, MICHAEL P 2301 LUCIEN WAY MAITLAND, FL 32751 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DABRAMO, JAMES 1523 SOUTH GREENLEAF COURT WINTER SPRINGS, FL 32708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOLSBY, RICHARD B 4575 PEACHTRE DUNWOODY ROAD ATLANTA, GA 30342 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLAUDY, PETER H.O. 75 STATE STREET, SUITE 2500 BOSTON, MA 02109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUBINS, MATTHEW 75 STATE STREET, SUITE 2500 BOSTON, MA 02109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CROLL, DAVID D 75 STATE STREET, SUITE 2500 BOSTON, MA 02109 |

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IN THIS SPACE**

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:  **4/13/05** **407-835-0418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #