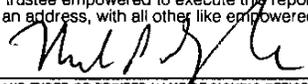


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2006 90116 033 ***150.00

DOCUMENT # F99000004187						
1. Entity Name SOUTHERN DIGITAL NETWORK, INC.						
Principal Place of Business 2301 LUCIEN WAY MAITLAND, FL 32751			Mailing Address 2301 LUCIEN WAY MAITLAND, FL 32751			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 06-1569473		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GALLAGHER, MICHAEL P		NAME			
STREET ADDRESS	2301 LUCIEN WAY		STREET ADDRESS			
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DABRAMO, JAMES		NAME			
STREET ADDRESS	1523 SOUTH GREENLEAF COURT		STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOLSBY, RICHARD B		NAME	Director		
STREET ADDRESS	4575 PEACHTRE DUNWOODY ROAD		STREET ADDRESS	1428 15th Street		
CITY-ST-ZIP	ATLANTA, GA 30342		CITY-ST-ZIP	Denver, CO 80202		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLAUDY, PETER H.O.		NAME			
STREET ADDRESS	75 STATE STREET, SUITE 2500		STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02109		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RUBINS, MATTHEW		NAME	Director		
STREET ADDRESS	75 STATE STREET, SUITE 2500		STREET ADDRESS	201 N. Union Street, Suite 300		
CITY-ST-ZIP	BOSTON, MA 02109		CITY-ST-ZIP	Alexandria, VA 22134		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CROLL, DAVID D		NAME	Director		
STREET ADDRESS	75 STATE STREET, SUITE 2500		STREET ADDRESS	75 State Street, Suite 2500		
CITY-ST-ZIP	BOSTON, MA 02109		CITY-ST-ZIP	Boston, MA 02109		
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: 		Date: 2/27/06		Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						