

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

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AV

05-05-2003 90287 025 \*\*\*150.00

**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

4. FEI Number **06-1569473**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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
NAME	GALLAGHER, MICHAEL P	
STREET ADDRESS	390 NORTH ORANGE AVENUE, SUITE 2000	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DABRAMO, JAMES	
STREET ADDRESS	1523 SOUTH GREENLEAF COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLSBY, RICHARD B	
STREET ADDRESS	4575 PEACHTRE DUNWOODY ROAD	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAUDY, PETER H.O.	
STREET ADDRESS	75 STATE STREET, SUITE 2500	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBINS, MATTHEW	
STREET ADDRESS	75 STATE STREET, SUITE 2500	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROLL, DAVID D	
STREET ADDRESS	75 STATE STREET, SUITE 2500	
CITY-ST-ZIP	BOSTON MA 02109	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/1/03**

Daytime Phone #

CR2E034 (10/02)