

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90860 029 ***158.75

DOCUMENT # F99000004486

1. Entity Name

Digital Products of Delaware, Inc.

832573

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

625 S.W. 9th Terrace

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33069

Country

USA

Zip

Country

4. FEI Number

650934324

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert L. Sader, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1901 W. Cypress Creek Road
Suite 415

City

Fort Lauderdale

FL

Zip Code

33309

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 re-instating)

DATE

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

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Richard Kurtz C/D
301 Sylvan Avenue (Route 9W)
Englewood Cliffs, NJ 07632

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Howard Anders CEO / S / T
625 S.W. 9th Terrace
Pompano Beach, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Victor Flores P
625 S.W. 9th Terrace
Pompano Beach, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Howard Anders*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

1800 671-0299