2004 LIMITED LIABILITY COMPANY ANNUAL-REPORT

FILED May 05, 2004 08:00 AM Secretary of State DOCUMENT # L01000010680 1. Entity Name DIGITALCOMPS, LLC Principal Place of Business Mailing Address 824 NORTH HIGHLAND AVE. 824 NORTH HIGHLAND AVE. ORLANDO, FL 32803 ORLANDO, FL 32803 03172004No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3620630 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARPENTER, WALTER N JR. DO NOT WRITE 824 NORTH HIGHLAND AVE. ORLANDO, FL 32803 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE CARPENTER, WALTER N JR. NAME STREET ADDRESS 824 NORTH HIGHLAND AVE. CITY-ST-ZIP ORLANDO, FL 32803 TITLE NAME U00000156358 05/05/04-80076-002 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-SI-ZIP

11. I hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI