

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90040 024 \*\*\*\*55.00

DOCUMENT # L01600019059

1. Entity Name

Digital Hands, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

400 North Tampa Street

Suite, Apt. #, etc.

16th Floor

City & State

Tampa FL

Zip

33602

Country

USA

3. Mailing Address

400 North Tampa Street

Suite, Apt. #, etc.

16th Floor

City & State

Tampa FL

Zip

33602

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3754250

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Charlotte Baker

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

400 North Tampa Street

16th Floor

City

Tampa

FL

Zip Code

33602

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.

3/7/02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME

MGR  
Charlotte Baker  
400 N Tampa St, 16th Floor  
Tampa, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

MGR  
Huntington James  
400 N Tampa St, 16th Floor  
Tampa, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

MGR  
Carmine Rocca  
400 N Tampa St, 16th Floor  
Tampa, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



3/7/02

813-229-8324

CR2E083B (12/01)