


# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 OCT 10 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000018616			
1. Entity Name DIGITAL MEDIA ARTS COLLEGE, LLC			
Principal Place of Business 3785 N. FEDERAL HIGHWAY BOCA RATON, FL 33431		Mailing Address 3785 N. FEDERAL HIGHWAY BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
10012008		Chg-LLC CR2E083 (12/06)	
4. FEI Number 51-0416512		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent G&L AGENT SERVICES, INC. 390 NORTH ORANGE AVE. SUITE 600 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name <u>David Murvin</u> Street Address (P.O. Box Number is Not Acceptable) <u>3785 N. Federal Highway</u> City <u>Boca Raton</u> FL Zip Code <u>33431</u>	
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 <u>David Murvin, EVP</u> DATE <u>10-2-08</u> (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKEWAY, CYNTHIA 3652 SOUTH OCEAN BOULEVARD HIGHLAND BEACH, FL 33482 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Joseph E. Gibbs 5312 Isleworth Cc Drive Windsor, FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: <u>Christopher R. Murvin, Secretary</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>10/1/08</u> Daytime Phone # <u>407-355-4005</u>	