

FILED
May 21, 2007 8:00 am
Secretary of State

04-30-2007 90058 036 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000115487			
1. Entity Name DIGIDOX, LLC			
Principal Place of Business 135 WEST CENTRAL BLVD., SUITE 730 ORLANDO, FL 32801		Mailing Address 135 WEST CENTRAL BLVD., SUITE 730 ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # 7803 Southland Blvd (Suite) Apt. #, etc. 203		3. Mailing Address 7803 Southland Blvd (Suite) Apt. #, etc. 203	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32809		Zip 32809	
Country Orange		Country Orange	
4. FEI Number 20-3871828		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04192007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HUTCHINS, ROBERT J 1515 INTERNATIONAL PARKWAY, SUITE 2001 LAKE MARY, FL 32746		7. Name and Address of New Registered Agent 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 <u>Brannon Wright</u> DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR WRIGHT, BRANNON 135 WEST CENTRAL BLVD., SUITE 730 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST ☒ Change ☐ Addition Wright, Brannon WP 368 Hammock Dunes Place Orlando, FL 32828 VP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition Kuykendall, Cheryl R VP 707 Ironwood Court Orlando, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 606, Florida Statutes. SIGNATURE: <u>Brannon Wright</u> Date _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			