2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# L08000054521

Entity Name: JUPITER DIGITAL LLC

Current Principal Place of Business:	**New Principal Place of Business:**
10520 SE JUPITER NARROWS HOBE SOUND, FL 33455	

Current Mailing Address:	**New Mailing Address:**
10520 SE JUPITER NARROWS HOBE SOUND, FL 33455	

FEI Number: 26-2730580   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US	

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: _____

        Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR	( ) Delete		Title:	CEO	(X) Change ( ) Addition
Name:	PROBST, ROBERT J			Name:	PROBST, ROBERT J	
Address:	10520 SE JUPITER NARROWS			Address:	10520 SE JUPITER NARROWS	
City-St-Zip:	HOBE SOUND, FL 33455			City-St-Zip:	HOBE SOUND, FL 33455	
Title:	MGR	( ) Delete		Title:	VP	(X) Change ( ) Addition
Name:	WRIGHT, ROBERT			Name:	WRIGHT, ROBERT	
Address:	10520 SE JUPITER NARROWS			Address:	10520 SE JUPITER NARROWS	
City-St-Zip:	HOBE SOUND, FL 33455			City-St-Zip:	HOBE SOUND, FL 33455	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT J. PROBST   CEO   04/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date