

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000634

1. Entity Name

ASM DIGITAL, LLC

Principal Place of Business

6022 VICTORY LANE  
HARRISBURG NC 28075

Mailing Address

6022 VICTORY LANE  
HARRISBURG NC 28075

2. Principal Place of Business

6022 Victory Lane

Suite, Apt. #, etc.

3. Mailing Address

6022 Victory Lane

Suite, Apt. #, etc.

City & State

Concord, NC

City & State

Concord, NC

Zip

28027

Country

USA

Zip

28027

Country

USA

4. FEI Number

56-2115908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, TOREN  
3450 N. WORLD DRIVE  
LAKE BUENA VISTA FL 32830

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
MGRM  
BOADEN, CRAIG  
STREET ADDRESS  
6022 VICTORY LANE  
CITY-ST-ZIP  
HARRISBURG NC 28075

TITLE NAME ☐ Delete  
MGR  
GRAHAM, STEVEN  
STREET ADDRESS  
6022 VICTORY LANE  
CITY-ST-ZIP  
HARRISBURG NC 28075

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10.

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: Craig Boaden

4-01-01

(704) 907-9575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 APR 27 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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AB

CR2E083 (11/00)