

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008511

FILED
Aug 20, 2005
Secretary of State

Entity Name: INSTITUTE FOR THE STUDY OF DIGITAL INCLUSION, INC.

Current Principal Place of Business:

215 HAZEN ROAD
DELAND, FL 32720

New Principal Place of Business:

P.O. BOX 247
DELAND, FL 32724

Current Mailing Address:

P.O. BOX 247
DELAND, FL 328210247

New Mailing Address:

P.O. BOX 247
DELAND, FL 32724

FEI Number: 54-2082321 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMIRI, SHAHRAM
215 HAZEN ROAD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

AMIRI, SHAHRAM
P.O. BOX 247
DELAND, FL 32724 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: SHAHRAM AMIRI

08/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AMIRI, SHAHRAM
Address: 215 HAZEN ROAD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: AMIRION, SHAHLA
Address: 215 HAZEN ROAD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: SNYDER, JIM
Address: 215 HAZEN ROAD
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AMIRI, SHAHRAM
Address: P.O. BOX 247
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: AMIRI, SHAHLA
Address: 5660 TOWNE HILL CIRCLE
City-St-Zip: ALEXANDRIA, VA 22315

Title: D (X) Change () Addition
Name: AMIRI, SHAHRAD
Address: 7430 RIPLEY CR
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAHRAM AMIRI

D

08/20/2005

Electronic Signature of Signing Officer or Director

Date