

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000003

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** DIGITAL MEDIA ALLIANCE FLORIDA, INC.

**Current Principal Place of Business:**

690 OSCEOLA AVE STE 700  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

127 WEST FAIRBANKS AVENUE  
NO. 210  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 11-3676429 **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:**

**Name and Address of New Registered Agent:**

FRENCH, JUDSON C JR  
690 OSCEOLA AVE STE 700  
WINTER PARK, FL 32789 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FRENCH, JUDSON C JR  
Address: 690 OSCEOLA AVE STE 700  
City-St-Zip: WINTER PARK, FL 32789

Title: DVT ( ) Delete  
Name: JENSEN, JEFF  
Address: 8544 COMMODITY CIRLCE  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: ARMSTRONG, WAYMON  
Address: 3501 QUADRANGLE BLVD, SUITE 260  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: POKORNY, JOHN  
Address: 1809 E. WINTER PARK STREET  
City-St-Zip: ORLANDO, FL 32803

Title: DS ( ) Delete  
Name: BEATRIZ, DAVID  
Address: 17 N. SUMMERLIN AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: MITCHELL, LARRY  
Address: 13350 FOXGLOVE STREET  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: JENSEN, JEFF  
Address: 8544 COMMODITY CIRLCE  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: BEATRIZ, DAVID  
Address: 17 N. SUMMERLIN AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: JUDSON C FRENCH JR

DP

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date