2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90225 009 ***150.00

659592

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000014361

1. Entity Name: E Digital Ventures Inc

Principal Place of Business / Mailing Address: 1380 Miami Gardens Dr. Suite 255 North Miami Bc FL 33179

2. Principal Place of Business	3. Mailing Address
1380 Mia Gar Dr	1638 S. Bayshore Ct
Suite, Apt. #, etc: 255	Suite, Apt. #, etc: 301
City & State: NMB FL	City & State: Coconut Grove FL
Zip: 33179 Country: U.S.	Zip: 33133 Country: US

4. FEI Number: 65-0981473 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Scott Alan Orth 1380 Miami Gardens Dr Suite 255 NMB FL 33179	Name: Street Address (P.O. Box Number is Not Acceptable): 1638 S. Bayshore Ct Suite 301 City: Coconut Grove FL Zip Code: 33133

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P, D NAME: Scott Alan Orth STREET ADDRESS: 1380 Mia Gard Dr CITY-ST-ZIP: NMB FL 33179 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Add/Del
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: Sec NAME: D. Holman STREET ADDRESS: P.O. Box 330008 CITY-ST-ZIP: Miami FL 33233 ☐ Change ☑ Add/Del
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Add/Del
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13. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Sec 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

(305) 668-9100

CR2E024 (11/00)