

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90159 041 ***150.00

DOCUMENT # P00000035239

1. Entity Name
DIGITAL DIRECT DEPOT, INCORPORATED



Principal Place of Business
**7235 N.W. 19TH ST., #C
MIAMI FL 33126**

Mailing Address
**7235 N.W. 19TH ST., #C
MIAMI FL 33126**

2. Principal Place of Business

1609 South University Drive
Suite, Apt. #, etc.

3. Mailing Address

1609 South University Drive
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Plantation Florida

Florida

City & State

Plantation Florida

4. FEI Number

65-0992991

Applied For

☐ Not Applicable

Zip
33324

Country
USA

Zip
33324

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, TERRI L
6775 S.W. 59TH CT.
DAVIE FL 33314**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *TERRI L EVANS*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-02

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing -
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **EVANS, TERRI L**
STREET ADDRESS **6775 S.W. 59TH CT.**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **D** ☐ Delete
NAME **EVANS, RONALD S**
STREET ADDRESS **6775 S.W. 59TH CT.**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TERRI L EVANS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-727-0365

CR2E034 (10/02)