## FILED May 21, 2002 8:00 am Secretary of State

Secretary of State 05-21-2002 90881 028 ***150.00		FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)			
81 028 ****130.00	7 03-21-2002 90881 028	, /	0037556	IMENT # POODOC Digital-Pron	DOC 1. Entity N
		PACE	IN THIS S	DO NOT WRITE	
		Olas Bury	3. Mailing Address	Place of Business  P. E. Las Olas Blud	2. Principa 540
SPACE	DO NOT WRITE IN THIS SPACE	Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  204			
Applied For	4. FEI Number		City & State	iderdale. FL	FH S
Not Applicable		Country	Ft. Conderdo	Country.	Zip: ــــ
\$8.75 Additional Fee Required	5. Certificate of Status Desired \$8.75 A Fee Requ 7. Name and Address of Current Registered Agent	US	33301	001   05	<u>0                                  </u>
	CANCES RAYMOR  P.O. Box Number is Not Acceptable)  NE 15 AVE  5	Street Address (1/50)  # 1/2		DO NOT WI	
\$5.00 May Be Added to Fees	then reinstaing)  DATE  10. Election Campaign Financing \$5.	Advisered Agent signoure required ay 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 e to Department of State	d ule 4 applicable. (NO)    January   1 - M	CHARLES ZA signature, typed or printed name of registered agent and ation is eligible to satisfy its Intarigible quirement and elects to do so.  OFFICERS AND DI	SIGNATURE
,	,	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Charles Raynor 150 DE 15 Ave 1125	ITLE IAME TREET ADDRESS ITY-ST-ZIP
		TITLE NAME STREET ADDRESS CITY-ST-ZIP			TLE AME TREET ADORESS TY-ST-ZIP
re .	DO NOT WRITE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			TY-ST-YIP
	IN THIS SPACE	TITLE NAME STREET ADDRESS CITY-ST-21P	·	,	ME REET ADDRESS Y-ST-ZIP
_ , , ,		TITLE NAME STREET ADDRESS CITY-ST-ZIP			ME REET ADDRESS Y-ST-ZIP
• • • • • • • • • • • • • • • • • • • •		TITLE NAME STREET ADDRESS CITY-ST-ZIP			EET ADDRESS /- ST- ZIP
E	n 119.07(3)(i), Florida Statutes. I further certify that it el legal effect as if made under oath; that I am an off florida Statutes; and that my name appears in Bloc	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	filing does not qualify for the and accurate and that my s red to execute this report as	fy that the information supplied with this this report or supplemental ry fort is true ation or the receiver of truste empowe ith an address, with all or yer like empow	IY-ST-ZIP  ILE  ME REET ADDRESS Y-ST-ZIP  LE  ME REET ADDRESS Y-ST-ZIP  LE  ME REET ADDRESS Y-ST-ZIP  LE  ME LE  ME LE  ME LE  ME  Of the corp attachment