

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042289

1. Entity Name

DIGITAL MAGIC INK, INCORPORATED

Principal Place of Business

Mailing Address

5011 B WEST HILLSBOROUGH AVE.  
TAMPA FL 33634-5304

5011 B WEST HILLSBOROUGH AVE.  
TAMPA FL 33634-5304

2. Principal Place of Business

3. Mailing Address

5011 B WEST HILLSBOROUGH AVE

5011 B WEST HILLSBOROUGH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

33634

Zip

Country

33634

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-3645586

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P
STREET ADDRESS	PRESIDENT
CITY-ST-ZIP	DALE A. GRAHAM 3593 FAIRVIEW ST SAFETY HARBOR, FL 34695
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V
STREET ADDRESS	VICE-PRESIDENT
CITY-ST-ZIP	MATTHEW DONIBER 12429 Berkeley Sq DR TAMPA FL 33626
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T
STREET ADDRESS	SECRETARY
CITY-ST-ZIP	CHARLES SMITH 1827 OREGON AVENUE ST PETERSBURG, FL 33703
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW DONIBER

1-12-01

Date

813-889-4959

Daytime Phone #

CR2E034 (10/00)