

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000042289 1. Entity Name DIGITAL MAGIC INK, INCORPORATED	
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Principal Place of Business 5011 S.W. HILLSBOROUGH AVE TAMPA, FL 33634	Mailing Address 5011 S.W. HILLSBOROUGH AVE TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3645586	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RILEY, STEVEN P 4805 W. LAUREL ST., STE. 230 TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, DALE A 3593 FAIRVIEW ST SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONIGER, MATTHEW 12429 BERKELEY S DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, CHARLES 1827 ORESON AVE NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000128750
04/26/04-80051-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  V.P. 4/22/04 813-889-4959	Date	Daytime Phone #
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