2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2004 8:00 am Secretary of State

DOCUMENT # P0000044237 1. Entity Name DIGITAL SIGHT & SOUNDS, INC.									02-05-2004	90015	035 ***15	0.00
Principal Place of Business 1554 BELLA CRUZ DRIVE THE VILLAGES, FL 32159				Mailing Address 1554 BELLA CRUZ DRIVE THE VILLAGES, FL 32159							10103	
2. Principal Place of Business				Mailing Address	•	_						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01252004	Chg-P	CR2E0	34 (10/03)	
City & State			City & State					4. FEI Number 59-3645	308			olied For Applicable
Zip	Country			Zip Cour		try		5. Certificate o	f Status Desired		\$8.75 Add Fee Required	
	6. Name ar	nd Address of Curre	nt Regis	tered Agent				7. Name and A	ddress of New R	egistered A	Agent	
RIDDLE, LEO A 1554 BELLA CRUZ DRIVE THE VILLAGES, FL 32159-8969						Name Street Address (P.O. Box Number is Not Acceptable)						
						City	-			FL	Zip Code	<u>;</u> ,
	named entity s ions of register		t for the p	ourpose of changing its	registere	ed office or r	register	ed agent, or both	in the State of Flo	rida. Lam	familiar with,	and accept
SIGNATURE	Signature, typed or	printed name of registered ag	eni and title	il applicable (NOT	E: Registere	d Agent signatur	e required	when reinstating)		DATE	<u> </u>	
FIL After Ma	E'NOW!!! F ay 1, 2004	EE IS \$150.00 Fee will be \$55	0.00	.9. Election Campa Trust Fund Cont		ncing	\$5 .	.00 May Be	z		-	•
10.		OFFICERS AN	VD DIRE	CTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	SIN 11'
TITLE NAME	VPST VOCALE, FRANK			Delete		E					☐ Change	. Addition
STREET ADDRESS CITY-ST-ZIP	1190 SE 17TH ST OCALA, FL 34470					ET ADDRESS -ST-ZIP					·	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP							PI	S A. R	IDDLE		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1	VP 3F		T RIDDLE SPRINL PARK,	LAKE FL	□ Change - BL V A 3 4 7 3	Addition I:
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Delete	CITY	EET ADDRESS -ST-ZIP					☐ Change	☐ Addition
19 Ibereby	certify that the i	nformation cumplied	with this !	iling does not qualify to		mation state	C	Ation 110 07/01/0	Florido Ctorutos	Little or on	منسباة فسطو بكانه	faumatian

nereby 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: _

HO W KARLE VEO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEO A RIDDLE