2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# P00000054410

Entity Name: DIGITAL MULTIMEDIA KONCEPTS, INC.

Current Principal Place of Business:

18469 48TH AVE N
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

18469 48TH AVE N
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-1013423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONIGLIO, JOHN A
4801 SOUTH UNIVERSITY DRIVE
SUITE 3000
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

CONIGLIO, JOHN A
1776 NORTH PINE ISLAND ROAD
SUITE 216
PLANTATION, FL 33322 US

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: 01/14/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MRS ( ) Delete
Name: SULLIVAN, DELPHIA
Address: 18469 48TH AVE N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MR ( ) Delete
Name: SULLIVAN, MICHAEL
Address: 18469 48TH AVE N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MS ( ) Delete
Name: SULLIVAN, KRISTIN
Address: 18469 48TH AVE N
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELPHIA SULLIVAN MRS 01/14/2008
Electronic Signature of Signing Officer or Director — Date