

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000054410

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**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  
1776 NORTH PINE ISLAND ROAD  
SUITE 216  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** DELPHIA SULLIVAN

MRS

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date