

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054603

1. Entity Name

DIGITAL WORLDCOM INC.

Principal Place of Business

159 LOOKOUT PL STE 201
MAITLAND FL 32751-4466

Mailing Address

159 LOOKOUT PL STE 201
MAITLAND FL 32751-4466

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VITTETOW, THOMAS
159 LOOKOUT PL STE 201
MAITLAND FL 32751-4466

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

President
Thomas Vittetow
2688 Queen Mary Place
Maitland FL 32751

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

VP
Andrew Owens
1582 Eagle Nest Circle
Winter Springs, FL 32708

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 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 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

3/9/01

Date

407-628-2669

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90421 031 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3647476

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

0051062

CR2E034 (10/00)