

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000060138**1. Entity Name
DIGT INC.

Principal Place of Business

1650 D LINTON LAKE DR

DELRAY BEACH
33445

FL

Mailing Address

1650 D LINTON LAKE DR

DELRAY BEACH
33445

FL

2. Principal Place of Business

2103 LAKE BASS CIRCLE

3. Mailing Address

2103 LAKE BASS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH

FL

City & State

LAKE WORTH

FL

Zip
33461Country
USZip
33461Country
US

4. FEI Number

65-1020553

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NIUMATA JOHN
1650 D LINTON LAKE DRDELRAY BEACH
33445

FL

7. Name and Address of New Registered Agent

Name

NIUMATA JOHN

Street Address (P.O. Box Number is Not Acceptable)

3007 SAN CLARA DR

A

City
DELRAY BEACH

FL

Zip Code
33445

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 _____ 09/12/2001

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHNSON JAIME MS		
STREET ADDRESS	2103 LAKE BASS CIRCLE		
CITY-ST-ZIP	LAKE WORTH FL 33461		
TITLE	CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHARPENTIER GABY MS		
STREET ADDRESS	2103 LAKE BASS CIRCLE		
CITY-ST-ZIP	LAKE WORTH FL 33461		
TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NIUMATA JOHN JMR		
STREET ADDRESS	3007 SAN CLARA DR, APT A		
CITY-ST-ZIP	DELRAY BEACH FL 33445		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: John Niumata

CEO

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)