

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

0255314 AV

DOCUMENT # P00000062788

1. Entity Name
DIGITAL YELLOW PAGES, INC.

02-24-2002 90041 005 ***150.00

Principal Place of Business
18060-B WEST DIXIE HWY
MIAMI FL 33160

Mailing Address
18060-B WEST DIXIE HWY
MIAMI FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9553 HARDING AVE
 Suite, Apt. #, etc. **SUITE 312**

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
SURFSIDE FL ~~33160~~

City & State
 City & State

4. FEI Number **58-2455851** Applied For
 Not Applicable

Zip **33154** Country **USA** Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SEGAL, WILLIAM J ESQ.
20801 BISCAYNE BOULEVARD
SUITE 403 304
AVENTURA FL 33180

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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEDWITZ, MICHAEL A 18060-B WEST DIXIE HWY MIAMI FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9553 HARDING AVE # 312 SURFSIDE FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 18060-B WEST DIXIE HWY MIAMI FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Ledwitz* **PRESIDENT** 2/14/02 305 525 6251
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/01)