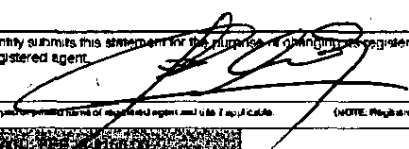
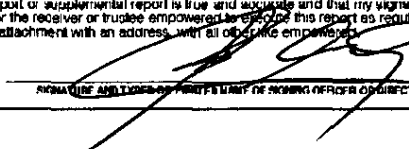


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000068217		
1. Entity Name EXPANSION DIGITAL, INC.		
Principal Place of Business 541 NE 81ST STREET MIAMI, FL 33138		Mailing Address 541 NE 81ST STREET MIAMI, FL 33138
2. Principal Place of Business 9600 NW 7th Circle Suite, Apt. #, etc. #1422		3. Mailing Address 9600 NW 7th Circle Suite, Apt. #, etc. #1422
City & State Plantation, Florida		City & State Plantation, FL
Zip 33324	Country USA	Zip 33324
4. FEI Number 85-1025580		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$9.75 Additional Fee Required
6. Name and Address of Current Registered Agent TAVERA, BERNARDO 3264 NW 84 AVE APT 609 SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Bernardo Tavera Street Address (P.O. Box Number is Not Acceptable) 32 9600 NW 7th Circle #1422 City Plantation FL Zip 33324
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 04/28/03 (NOTE: Registered Agent signature required when submitting)		
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAVERA CASTILLO, MARIA CRISTINA 9200 S DADELAND BLVD, STE 803 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VARGAS DE ESPINAL, GLORIA INES 9200 S DADELAND BLVD, STE 803 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAVERA CASTILLO, ADRIANA 9200 S DADELAND BLVD, STE 803 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAVERA GAITSKELL, BERNARDO 9200 S DADELAND BLVD, STE 803 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all of the same empowers.		
SIGNATURE: 		DATE 04/28/03 954-683-6231

90128039



☒ CHECK HERE IF MAKING CHANGES

CR2ED04 (10/02)