


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90001 028 ***558.75

DOCUMENT # P00000100631																										
1. Entity Name DIGITAL MEDIA SERVICES, INC.																										
Principal Place of Business 250 NATIONAL PLACE, UNIT 152 LONGWOOD, FL 32750			Mailing Address 257 S. LAKE DESTINY DR. ORLANDO, FL 32810																							
2. Principal Place of Business		3. Mailing Address																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country	06302006 Chg-P CR2E034 (11/05)																						
4. FEI Number 59-3680993				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																			
Applied For																										
Not Applicable																										
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																							
WERNER, PETER A 257 S. LAKE DESTINY DR. ORLANDO, FL 32810			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table> </td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table>	FL	Zip Code															
Name																										
Street Address (P.O. Box Number is Not Acceptable)																										
City																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table>	FL	Zip Code																								
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. I am familiar with, and accept the obligations of registered agent.																										
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																										
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;">ROBINSON, RUSSELL J</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">250 NATIONAL PLACE UNIT 152</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;">LONGWOOD, FL 32750</td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	ROBINSON, RUSSELL J		STREET ADDRESS	250 NATIONAL PLACE UNIT 152		CITY-ST-ZIP	LONGWOOD, FL 32750		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																								
NAME	ROBINSON, RUSSELL J																									
STREET ADDRESS	250 NATIONAL PLACE UNIT 152																									
CITY-ST-ZIP	LONGWOOD, FL 32750																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;">WERNER, PETER A</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">250 NATIONAL PLACE UNIT 152</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;">LONGWOOD, FL 32750</td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	WERNER, PETER A		STREET ADDRESS	250 NATIONAL PLACE UNIT 152		CITY-ST-ZIP	LONGWOOD, FL 32750		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																								
NAME	WERNER, PETER A																									
STREET ADDRESS	250 NATIONAL PLACE UNIT 152																									
CITY-ST-ZIP	LONGWOOD, FL 32750																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																										
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										
Date				Daytime Phone #																						