


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

| | | |
|---|---|---|
| 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 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent WERNER, PETER A 257 S. LAKE DESTINY DR. ORLANDO, FL 32810 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | | DATE _____ |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROBINSON, RUSSELL J 250 NATIONAL PLACE UNIT 152 LONGWOOD, FL 32750 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WERNER, PETER A 250 NATIONAL PLACE UNIT 152 LONGWOOD, FL 32750 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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| 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 an officer like empowered. | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 1-8-07 407-331-3600 <small>Date Daytime Phone #</small> |



01052007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3680993 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fees Required |

U00000582181
01/11/07-80021-011 158.75

**DO NOT WRITE
IN THIS SPACE**