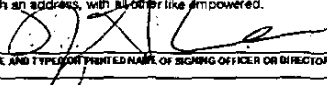


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90389 038 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101986			
1. Entity Name DIGITAL DESIGN FIRM, INC.			
Principal Place of Business 1111 NORTH WESTSHORE BLVD SUITE 110 TAMPA, FL 33607		Mailing Address 1111 NORTH WESTSHORE BLVD SUITE 110 TAMPA, FL 33607	
2. Principal Place of Business 20437 St. Rd. 7 Suite B5 City & State Boca Raton FL Zip 33498 Country USA		3. Mailing Address 1111 N. Westshore Blvd. Suite 110 City & State Tampa FL Zip 33607 Country USA	
4. FEI Number 65-1065608		Applied For Not Applicable	
5. Certificate of Status Desired X		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICCI, SUZANNE A 6619 S DIXIE HWY SUITE 231 MIAMI, FL 33143		7. Name and Address of New Registered Agent Name Ricci Suzanne A Street Address (P.O. Box Number is Not Acceptable) 1111 N. Westshore Blvd. Suite 110 City Tampa FL Zip Code 33607	
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 3/27/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$150.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PCEO RICCI, SUZANNE 6619 S DIXIE HWY, #231 MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP PCEO Ricci Suzanne 1111 N. Westshore Blvd, Suite 110 Tampa FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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 a power like empowered.			
SIGNATURE: 		3/27/03 813-288-0110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

90068986

☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)