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.

90068986

Principal Place of Business	Mailing Address
1111 NORTH WESTSHORE BLVD SUITE 110 TAMPA, FL 33607	1111 NORTH WESTSHORE BLVD SUITE 110 TAMPA, FL 33607

2. Principal Place of Business	3. Mailing Address
20437 St. Rd. 7	1111 N. Westshore Blvd.
Suite, Apt. #, etc.: Suite B5	Suite, Apt. #, etc.: Suite 110
City & State: Boca Raton FL	City & State: Tampa FL
Zip: 33498 Country: USA	Zip: 33607 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1065608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICCI, SUZANNE A 6619 S DIXIE HWY SUITE 231 MIAMI, FL 33143	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 [signature] 3/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

150.00
+ 8.75
158.75

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	PCEO	☐ Delete	TITLE	PCEO	☒ Change ☐ Addition
NAME	RICCI, SUZANNE		NAME	Ricci Suzanne	
STREET ADDRESS	6619 S DIXIE HWY, #231		STREET ADDRESS	1111 N. Westshore Blvd, Suite 110	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	Tampa FL 33607	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: [signature] 3/27/03 813-288-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #