2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000111817

1. Entity Name
DIGITAL CHOICES, INC.

Principal Place of Business	Mailing Address
207 CRYSTAL GROVE BLVD. LUTZ, FL 33549	207 CRYSTAL GROVE BLVD. LUTZ, FL 33549

01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3693844
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAXE, DANIEL L ESQ.
205 CRYSTAL GROVE BLVD.
LUTZ, FL 33549

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000045835
02/11/04-80079-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUASTELLA, JOHN R SR.
STREET ADDRESS	207 CRYSTAL GROVE BLVD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VPD
NAME	GUASTELLA, ROSEMARY
STREET ADDRESS	207 CRYSTAL GROVE BLVD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	STD
NAME	GUASTELLA, JOHN R JR.
STREET ADDRESS	207 CRYSTAL GROVE BLVD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ JOHN GUASTELLA PRESIDENT 2-6-04 813 261-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #