


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90012 017 ***150.00

| | |
|---|---|
| DOCUMENT # P01000005305 |  |
| 1. Entity Name DX. BOB'S DIGITAL/MEDIA/STUDIOS, INC. | |

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|--|---|
| Principal Place of Business 965 NW 197TH AVE. PEMBROKE PINES, FL 33029 | Mailing Address 2500 N. 197TH AVE. PEMBROKE PINES, FL 33029 |
|--|---|

| | |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address 965 NW 197TH AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State PEMBROKE PINES, FL |
| Zip | Country |
| 33029 | |



03142004 Chg-P CR2E034 (10/03)

| | | |
|---|--|--|
| 4. FEI Number 65-1111576 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent TRICK, WATSON JR. 1216 E. ATLANTIC BLVD., SUITE 7 POMPANO BCH, FL 33060-3180 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____
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, 2004 Fee will be \$550.00

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 | D SEARFOSS, BOB 965 NW 197TH AVE. PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Bob Searfoss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04

Date

Daytime Phone #