

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

Digital On Demand, Inc.

001000012716

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5993 Avenida Encinas

Suite, Apt. #, etc.

3. Mailing Address

4250 Coral Ridge Dr

Suite, Apt. #, etc.

City & State

Carlsbad, CA

City & State

Coral Springs, FL

4. FEI Number

33-0790135

Applied For

Not Applicable

Zip

92008

Country

US

Zip

33065

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Corp

Street Address (P.O., Box Number, is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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.

SIGNATURE

Signature, typed or printed, name of registered agent and title if applicable.

Brian Courtney
Asst. V. Pres

(NOTE: Registered Agent signature required when reinstating)

DATE

6-5-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Tim Sexton
STREET ADDRESS	4250 Coral Ridge Drive
CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	EVP
NAME	Darren Karst
STREET ADDRESS	4250 Coral Ridge Drive
CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	CFO
NAME	George Campagna
STREET ADDRESS	4250 Coral Ridge Drive
CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	VP Finance
NAME	Silvia Handwerker
STREET ADDRESS	4250 Coral Ridge Drive
CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Silvia Handwerker

Silvia Handwerker

954-255-4623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #