

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025511

Entity Name: TALONDIGITAL, INC.

FILED  
Feb 15, 2009  
Secretary of State

**Current Principal Place of Business:**

146 EXETER AVE.  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

146 EXETER AVE.  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 59-3705065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HELMICK, ANN B  
146 EXETER AVE.  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: HELMICK, ANN B  
Address: 146 EXETER AVE.  
City-St-Zip: LONGWOOD, FL 32750

Title: DCV ( ) Delete  
Name: HELMICK, BLAINE J  
Address: 2908 HUNTERS LN.  
City-St-Zip: OVIEDO, FL 32766

Title: DP ( ) Delete  
Name: TYSON, GEORGE R  
Address: 1003 JACKSON CREEK RD.  
City-St-Zip: OVIEDO, FL 32765

Title: DV ( ) Delete  
Name: HELMICK, TAMMIE  
Address: 2908 HUNTERS LN  
City-St-Zip: OVIEDO, FL 32766

Title: D ( ) Delete  
Name: UNDERWOOD, LEE E  
Address: 146 EXETER AVE  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN B HELMICK

DST

02/15/2009

Electronic Signature of Signing Officer or Director

Date