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FILED
Jun 27, 2002 8:00 am
Secretary of State
05-21-2002 91146 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO 10000 33641

1. Entity Name
EDIGITAL CORPORATION

DO NOT WRITE IN THIS SPACE

[redacted]

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2. Principal Place of Business: 10350 SW 136 CT.	3. Mailing Address: P.O. BOX 162452
Suite, Apt. #, etc.: MIAMI FLORIDA	Suite, Apt. #, etc.
City & State	City & State: Miami Florida
Zip 33186 / Country miami-DADE	Zip 33116-2452 / Country DADE

4. FEI Number: 65 1088283 — ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name: HECTOR A. ArenaS
Street Address (P.O. Box Number is Not Acceptable): 10350 SW 136 CT.
City: MIAMI Florida FL Zip Code 33186

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. (NOTE: Registered Agent signature required when reinstating) DATE

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	TITLE	
NAME	Hector Arenas	NAME	
STREET ADDRESS	10350 SW 136 CT.	STREET ADDRESS	
CITY-ST-ZIP	Miami FL. 33186	CITY-ST-ZIP	
TITLE	vice president	TITLE	
NAME	Gloria Arenas	NAME	
STREET ADDRESS	10350 SW 136CT.	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33186	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	ROSA Arenas	NAME	
STREET ADDRESS	10350 SW 136 CT.	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: [signature] HECTOR A. Arenas 05-01-02 (305) 408-6478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #