P5 193

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
05 NOV 18 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061652

1. Entity Name
R+D Digital, Inc.

DO NOT WRITE IN THIS SPACE

700061550587
11/18/05--01050--002 **150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3300 7th Ave North	PO Box 1500
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg	City & State: Miami Beach
Zip: 33713 County: Pinellas	Zip: 33141 Country: DADE

4. FEI Number: 06-1619472 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Don Bonomo

Street Address (P.O. Box Number is Not Acceptable): 3300 7th Ave North

City: St Petersburg FL Zip Code: 33713

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bonomo, DON 3300 7th Ave North St Petersburg FL 33713	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Roberts NOV 21 2005
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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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

P05293

R&D Digital, Inc.
PO Box 416114
Miami Beach, FL 33141

November 15, 2005

Dept of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: P01000061652
2005 Annual/Uniform Business Report

Dear Representative,

Included is the 2005 Uniform Business Report. I affirm that never received any notification about this report during this year. I just found out about the status of this corporation recently and was surprised to find out it was dissolved.

As such, please accept this check for $150.00 to process my 2005 Uniform Business Report. I assure you all future reports will be filed timely via the internet before May 1.

Sincerely,

Don Bonomo
President

K) 3 Q 3

AFFIDAVIT

BE IT ACKNOWLEDGED, that **Don Bonomo** of **Hollywood**, Florida, the undersigned deponent, being of legal age, does hereby depose and say under oath as follows:

I did not receive by mail or any other mode any notifications from the Division of Corporation pertaining to the 2005 Corporate Annual Report.

And I affirm that the foregoing is true except as to statements made upon information and belief, and as to those I believe them to be true.

Witness my hand under the penalties of perjury this 15th day of ~~November~~ 2005

Name

3300 7th Ave North
Address

St Petersberg FL 33713

STATE OF FLORIDA
COUNTY OF DADE

On **November 15, 2005** before me, Sophia Lima, personally appeared **Don Bonomo,** personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is in his/her authorized capacity, and that by his/her signature on this instrument the person, or entity upon which this person acted, executed this instrument. WITNESS my hand and official seal.

Sophia Lima

Affiant ✓ Known _____ Unknown Organization
ID Produced _____

NOTARY PUBLIC STATE OF FLORIDA
SOPHIA LIMA
MY COMMISSION # DD 286409
EXPIRES: February 15, 2008
Bonded Thru Budget Notary Services