FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90116 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065722

1. Entity Name: Digital Valve, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9221 E. Bay Harbor Drive	9221 E. Bay Harbor Drive
Suite, Apt. #, etc.: Apt. 25	Suite, Apt. #, etc.: Apt. 25
City & State: Bay Harbor Island, FL	City & State: Bay Harbor Island, FL
Zip: 33154 Country: U.S.	Zip: 33154 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1127961 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Oscar Mediavilla

Street Address (P.O. Box Number is Not Acceptable): 1942 NE 149th Street

City: North Miami FL Zip Code: 33181

DO NOT WRITE IN THIS SPACE

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 ________

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: D NAME: Mediavilla, Oscar STREET ADDRESS: 1942 NE 149th Street CITY-ST-ZIP: North Miami, FL 33181	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☒ ADDITION TITLE: D NAME: DAL PONT, GUSTAVO STREET ADDRESS: 9221 E. Bay Harbor Dr. #25 CITY-ST-ZIP: Bay Harbor Island, FL 33154
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DO NOT WRITE IN THIS SPACE

CR2E034 (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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/19/02