

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90179 034 ***150.00

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1. Entity Name
BLUE REEF DIGITAL, INC.



Principal Place of Business
**3864 SHORE ACRES BLVD. NE
ST. PETERSBURG FL 33703**

Mailing Address
**3864 SHORE ACRES BLVD. NE
ST. PETERSBURG FL 33703**



2. Principal Place of Business
245 Central Ave

3. Mailing Address

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State

Zip
33701

Country
USA

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3733298

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIETER, MATTHEW F
3864 SHORE ACRES BLVD., NE
ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTS	DIETER, MATTHEW F	3864 SHORE ACRES BLVD NE	SAINT PETERSBURG FL 33703	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 and supplemental reports 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 partner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached list of officers and directors, with all other like empowered.

SIGNATURE:  **REQUIRED**

Date **5/19/03** Daytime Phone # **727 824-6003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)