

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90060 027 \*\*\*150.00

**DOCUMENT # P01000094292**

1. Entity Name  
**DIGITAL SLINGSHOT, INC.**



Principal Place of Business  
**1680 SW BAYSHORE BLVD STE 106  
PORT ST LUCIE FL 34984**

Mailing Address  
**1680 SW BAYSHORE BLVD STE 106  
PORT ST LUCIE FL 34984**



2. Principal Place of Business  
**706 SW Port St. Lucie**  
Suite, Apt. #, etc.

3. Mailing Address  
**706 SW Port St. Lucie BLVD**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Port Saint Lucie, FL**  
Zip  
**34953**  
Country

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**Port Saint Lucie, FL**  
Zip  
**34953**  
Country

4. FEI Number **65-1137926**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**HUBBARD, ANNA  
575 SW SPRING HILL POINT  
PORT ST LUCIE FL 34986**

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	<b>D</b> <b>HUBBARD, ANN</b> <b>575 SW SPRING HILL POINT</b> <b>PORT ST LUCIE FL 34986</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CODDINGTON, EDWARD</b> <b>2102 SW VISTA RD</b> <b>PORT ST LUCIE FL 34953</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUBBARD, CHRIS</b> <b>575 SW SPRING HILL POINT</b> <b>PORT ST LUCIE FL 34986</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CHRIS HUBBARD** **1/9/03** **772-344-9020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)