## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 03, 2002 8:00 am Secretary of State

DOCUMENT # PO 1000107186  1. Entity Name			06-03-2002 91195 034 ***150.00	
Digital Duta,.	Inc.	$\bigvee$		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 4403 99th AVE. EAST	3. Mailing Address	AVE. EAST		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State PARRISH, FL	City & State PARKI	sh, FL	4. FEI Number 65-//50989 Applied For Not Applicable	
71p 34219 Country USA	<sup>Zip</sup> 34219	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required	
		Name =	7. Name and Address of Current Registered Agent	
IN THIS SPACE		Le	Name Eeic C. Huellee Street Address (P.O. Box Number is Not Acceptable)	
			47 th St. West, # 1709	
		DRA	denton FL 134210	
8. The above named entity submin this statement for the SIGNATURE	- Elic C	. MuEllER	4/24/02	
Signature, typed or printed na of registered agent and		Registered Agent signature requir	red when relocating) VATE	
Tax filing requirement and elects to do so.  After May 1, Fe		, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution.  Added to Fees	
11. OFFICERS AND DI	RECTORS			
NAME Shelley Gay-Kalish		TITLE NAME		
7403 491" AME E. PAREILA FE 37211		STREET ADDRESS CITY-ST-ZIP		
TITLE V/S		TIFLE		
STREET ADDRESS	e a la la pr	NAME STREET ADDRESS		
CITY-ST-ZIP 4405 47th St. W. #17	07 BRADENTUIFL 34210	CITY-ST-ZIP		
NAME		TITLE .	and the second s	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE		TITLE	IN THIS SPACE	
NAME STREET ADDRESS		NAME STREET ADDRESS	IN THIS SPACE	
CITY-S1-ZIP		CITY-ST-ZIP		
TITLE NAME		TITLE NAME		
STREET ADDRESS		STREET ADDRESS	·	
CITY-ST-ZIP TITLE		CHY+ST-ZIP		
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
13. I hereby certify that the information supplied with thi indicated on this report or supplemental report is true of the corporation or the receiver the distance empowers attachment with an address, with all other times	is filing does not qualify for the second accurate and that my pered to execute this report a project.	ne exemption stated in S	ection 119.07(3)(i). Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 11 or on an	
SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OR	DIRECTOR	4/34/02 941-795-44442 Date Dayline Phone #	