

# 2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000121543

1. Entity Name  
DIGITAL ARTS ENTERTAINMENT, INC.



FILED

04 FEB -6 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
13351 SW 135TH AVENUE  
MIAMI FL 33186

Mailing Address  
13351 SW 135TH AVENUE  
MIAMI FL 33186



2. Principal Place of Business  
30 NE 14th St.

3. Mailing Address

Suite, Apt. #, etc.  
Miami, FL

Suite, Apt. #, etc.

City & State  
33132

City & State

Zip  
Country  
USA

Zip  
Country

APPLIED FOR ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERMINELLO, LOUIS J ESQ  
TERMINELLO & TERMINELLO-PA  
2700 SW 37TH AVENUE  
MIAMI FL 33133

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
HERNANDEZ, ABEL P JR  
13351 SW 135TH AVENUE  
MIAMI FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000028665310  
02/12/04--01039--021 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HERNANDEZ, ABEL P JR  
13351 SW 135TH AVENUE  
MIAMI FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)