

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90008 013 ***550.00

DOCUMENT # P02000007932

1. Entity Name

CLASSIC DIGITAL INC.



Principal Place of Business

3808 E MARTIN-LUTHER KING BLVD
TAMPA FL 33610

Mailing Address

3808 E MARTIN-LUTHER KING BLVD
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0577084

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

AMATO, AL SR.
7633 WOODBRIDGE BLVD.
TAMPA FL 33615

Name Lenore Amato

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

10901 ELLIOT STREET

City Riverview

FL

Zip Code 33569

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 Lenore Amato

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 ☐ Delete
NAME P
STREET ADDRESS AMATO, JOHN E
CITY-ST-ZIP 10901 ELLIOT ST
RIVERVIEW FL 33569

TITLE ☐ Change ☒ Addition
NAME V.P.
STREET ADDRESS Lenore Amato
CITY-ST-ZIP 10901 ELLIOT STREET
RIVERVIEW, FL. 33569

TITLE ☒ Delete
NAME T
STREET ADDRESS AMATO, JENNIFER A
CITY-ST-ZIP 9306 WOODBAY DR.
TAMPA FL 33626

TITLE ☐ Change ☒ Addition
NAME Sect.
STREET ADDRESS Lenore Amato
CITY-ST-ZIP 10901 ELLIOT STREET
RIVERVIEW, FL. 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME TREAS.
STREET ADDRESS JOHN AMATO
CITY-ST-ZIP 10901 ELLIOT STREET
RIVERVIEW, FL. 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-04

Date

813-626-2888

Daytime Phone #