

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90247 012 ***150.00

DOCUMENT # P02000007932

1. Entity Name
CLASSIC DIGITAL INC.



Principal Place of Business
**7008 SALINAS CT.
TAMPA FL 33634**

Mailing Address
**7008 SALINAS CT.
TAMPA FL 33634**



2. Principal Place of Business
3808 E. MARTIN LUTHER KING BLVD
Suite, Apt. #, etc.

3. Mailing Address
3808 E. MARTIN LUTHER KING BLVD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
01-0577084

Applied For
☐ Not Applicable

Zip
33610

Country
U.S.A.

Zip
33610

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

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

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 _____ (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	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMATO, CARL G			NAME			
STREET ADDRESS	7008 SALINAS CT.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33634			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMATO, AL SR.			NAME			
STREET ADDRESS	7633 WOODBRIDGE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMATO, JOHN E			NAME	AMATO, JOHN E		
STREET ADDRESS	9306 WOODBAY DR.			STREET ADDRESS	10901 ELLIOT ST.		
CITY-ST-ZIP	TAMPA FL 33626			CITY-ST-ZIP	RIVERVIEW FL 33569		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMATO, CARL G			NAME			
STREET ADDRESS	7008 SALINAS CT.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33634			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AMATO, JENNIFER A			NAME	AMATO, JENNIFER A.		
STREET ADDRESS	9306 WOODBAY DR.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33626			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 REQUIRED **813-881-8820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)