2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 16, 2004 08:00 AN Secretary of State **DOCUMENT # P02000127671** 1. Entity Name SUN DIGITAL, INC. Principal Place of Business Mailing Address **7 E SILVER SPRINGS BLVD STE 202** 7 E SILVER SPRINGS BLVD STE 202 OCALA, FL 34470 OCALA, FL 34470 01202004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FF! Number 11-3667398 Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SIMMONS, YOUNG J DO NOT WRITE 500 NE 8 AVE OCALA, FL 34470 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) U00000116026 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/16/04-80048-009 150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BOLAIN, JAMES L NAME STREET ADDRESS 7 E SILVER SPRINGS BLVD STE 202 CITY-ST-ZIP OCALA, FL 34470 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other

SIGNATURE: