


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90182 010 \*\*\*150.00

<b>DOCUMENT # P03000040993</b>		
1. Entity Name <b>GASPAR DIGITAL, INC.</b>		

Principal Place of Business <b>220 EAST MADISON STREET, SUITE 1000 TAMPA, FL 33602</b>	Mailing Address <b>220 EAST MADISON STREET, SUITE 1000 TAMPA, FL 33602</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite,
City & State		City &
Zip	Country	Zip

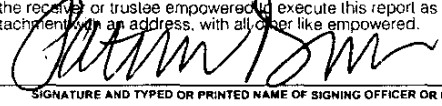
6. Name and Address of Current Registered Agent	
<b>DAVIS, PATRICK 220 EAST MADISON STREET, SUITE 1000 TAMPA, FL 33602</b>	

8. The above named entity submits this statement for the purpose of the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Trust Fund Contribution. <input type="checkbox"/> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIS, PATRICK 220 EAST MADISON STREET, SUITE 1000 TAMPA, FL 33602</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT CHARLES HOWELL 220 E. MADISON ST. SUITE 1000 TAMPA, FL 33602</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	4/24/07 832236917
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

40085241



4242007 Chg-P CR2E034 (12/06)

FEI Number <b>33-105472-1053472</b>	Applied For <input type="checkbox"/> Not Applicable
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Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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Name and Address of New Registered Agent
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Box Number is Not Acceptable)
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FL	Zip Code
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agent, or both, in the State of Florida. I am familiar with, and accept


on reappointing)	DATE
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FEI  
NUMBER  
WRONG  
  
SEE ENCLOSED

ATTACHMENT

40085241

#P03000040993

 **IRS** Department of the Treasury  
Internal Revenue Service  
PHILADELPHIA, PA 19255-0039

016728 200606 SBV

Notice Number: CP 504

Notice Date: 01-15-2007

**SSN/EIN:** 33-1053472

**Caller ID:**

7105 5678 7189 2271 3429



GASPAR DIGITAL INC  
220 E MADISON ST STE 1000  
TAMPA FL 33602-4827500



\*331053472221\*

052748

Urgent !!