


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90676 017 ***150.00

DOCUMENT # P03000043157	
1. Entity Name Z'S DIGITAL CITY, INC.	

Principal Place of Business 9401 W. COLONIAL DR. #23 OCOE, FL 34761	Mailing Address 456 AMETHYST WAY LAKE MARY, FL 32746 US
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34073023

2. Principal Place of Business A SAME AS ABOVE	3. Mailing Address P 3279 SAFE HARBOR LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State LAKE MARY
Zip	Country FL 32746 U.S.A.



04292004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2378112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAZIR, SHAHEEN A. 456 AMETHYST WAY LAKE MARY, FL 32746	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) P 3279 SAFE HARBOR LANE City LAKE MARY FL Zip Code 32746	

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]* SHAHEEN WAZIR, PRESIDENT DATE: 4/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAZIR, SHAHEEN A 456 AMETHYST WAY LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAZIR, SHAHEEN A 3279 SAFE HARBOR LANE LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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]* SHAHEEN WAZIR DATE: 4/29/04 DAYTIME PHONE: (407) 312-7923

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR