## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2004 8:00 am Secretary of State

DOCUMENT # P03000046508  1. Entity Name SCORPION DIGITAL DESIGN, INC.							03-17-2004 90037 019 ***150.00				
Principal Place of Business				Mailing Address				0	4000	000	
12301 - 79TH PLACE NORTH Seminole, Fl <sub>.</sub> 33772				12301 - 79TH PLACE NORTH Seminole, FL 33772			94030882				
2. Principal Place of Business			3.	3. Mailing Address							
Suite. Apt. #, etc.				Suite, Apt. #. etc.			02132004	Chg-P		34 (10/03)	
City & State				City & State			4. FEI Number	54-2107	897		plied For LApplicable
Zip	Country			Zip Cour		lry	5. Certificate of	f Status Desired		\$8.75 Add	
	_6Name	and Address of Cu	rrent Regis	tered Agent	·		_7Name and A	Address of New R			
BURKE, KENDRA						Name Street Address (P.O. Box Number is Not Acceptable)					
12301 - 79 SEMINOLE						Street Address	S (1'O. Box Number	IS NOT Acceptable	') 		
						City				Zip Cod	
The glocus named entity sidemite this statement for the currence of changing the register						j '	ared accept, or both	in the State of Ele	FL.		
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	Sourcefuter, hybrid	i du inconent uma esta, i del apere	ragertuidere	1 150 t egy (16)1	es Agreta súgradose social	en when plinssated)		1)241			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign F							5.00 May Be				,
10.		OFFICERS	AND DIREC	L CTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTORS	S IN 11
TITLE NAME	PSD BURKE, KENDRA			☐ Delete III LI NAM						☐ Change	Addition
STREET ADDRESS CHY-SI-ZIP	'					ET ADDRESS -ST-ZIP					
TITIF	SEMINO			☐ Deide	TITE					☐ Change	Addition
MAME STREET ADDRESS					NAM STRE	E AUDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE MAME	<del></del>		·	□ Delete	TITE NAM					☐ Chan <b>g</b> c	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP	<u>.</u>	<del></del>			<del></del>
TITLE				☐ Delete	IIIL					Change	Addition
NAME STREET ADDRESS					NAM STRE	ET ADDRESS					
CITY-ST-ZIP						'-ST-ZIF'					
TITLE MAME				Delele	TITE NAM			•		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP					
TITLE				☐ Delete	TITL	· [				Change	Addition
NAME STREET ADDRESS					MAM STRI	EET ADDRESS					
CITY-ST-ZIP	oortifu that the	sa information according	ا منظ طلقها أم	ilion done and modify to		'-ST-ZIP	Castion 140 07(0\)"	Elavida Chatat	Lightness	the that the in	afarmation
12. I hereby certify that the information supplied with this tilling 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 occurate and that my signature shall have the same legal effect as if made under pull; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR