2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P03000077958** 04-12-2004 90637 005 ***150.00 DIGITAL SHOCK DESIGN, INC. Mailing Address Principal Place of Business 14001780 4371 N.W. 124TH AVENUE 4371 N.W. 124TH AVENUE CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 Chg-P CR2E034 (10/03) City & State 4. FEI Number City & State Applied For 14-1889827 Not Applicable Country \$8.75_Additional Zip _ Country 5. Cértificate of Status Desired **-□** -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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. Signature, typed or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaund) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Fiorani, Michael Change Delete TITLE TITLE FIORANI, JOSE M NAME NAME 4371 NW 124Th Avenue STREET ADDRESS 4371 N.W. 124TH AVENUE STREET ADDRESS CORAL SPRINGS FL 33065 CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE SELBY, PIERANTONI, DANILO NAME NAME AUR 4371 N.W. 124TH AVENUE . STREET ADDRESS STREET ADDRESS SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33065 Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIFLE TITLE 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

FILED

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