## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079838

Entity Name: DIGITAL MEDIA RESEARCH, INCORPORATED

FILED Jul 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

871 SOUTH ENTRADA DRIVE 13091 SANDY KEY BEND

FORT MYERS, FL 33919 US :

NORTH FORT MYERS, FL 33903 US

Current Mailing Address: New Mailing Address:

871 SOUTH ENTRADA DRIVE 13091 SANDY KEY BEND

FORT MYERS, FL 33919 US

NORTH FORT MYERS, FL 33903 US

FEI Number: 20-0090159 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALCATERRA, MICHAEL R
871 SOUTH ENTRADA DRIVE
13091 SANDY KEY BEND
44

FORT MYERS, FL 33919 US #4
NORTH FORT MYERS, FL 33903 US

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.

SIGNATURE: 07/12/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VDAS () Delete Title: (X) Change ( ) Addition CALCATERRA, MICHAEL R CALCATERRA, MICHAEL R Name: Name: 871 SOUTH ENTRADA DRIVE 13091 SANDY KEY BEND #4 Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: PD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 MUCHNICKI, JOHN
 Name:
 MUCHNICKI, JOHN

 Address:
 155 CAT ROCK ROAD
 Address:
 155 CAT ROCK ROAD

 City-St-Zip:
 COS COB, CT 06807
 City-St-Zip:
 COS COB, CT 06807

Title: STD () Delete Title: STD (X) Change () Addition
Name: YANKOPOLUS, KONSTANTINE D MD
Address: 5574 SHADDELEE LANE Title: STD (X) Change () Addition
Name: YANKOPOLUS, KONSTANTINE D MD
Address: 7890 SUMMERLIN LAKES DRIVE

City-St-Zip: FORT MYERS, FL 33914 City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. CALCATERRA PD 07/12/2008