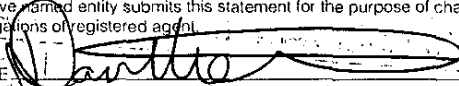
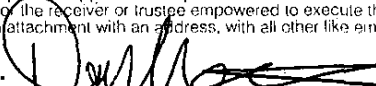


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 039 ***150.00

DOCUMENT # P03000087625 1. Entity Name DANCO DIGITAL IMAGING, INC.					
Principal Place of Business 441 CENTRAL AVE ST. PETERSBURG, FL 33701			Mailing Address 441 CENTRAL AVE ST. PETERSBURG, FL 33701		
2. Principal Place of Business 12665 SEMINOLE BLVD.		3. Mailing Address 12665 SEMINOLE BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LARGO, FLORIDA		City & State LARGO, FLORIDA		4. FEI Number 20-0157800	
Zip 33778		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name DANIEL A. MANNELLO Street Address (P.O. Box Number is Not Acceptable) 100 PALM DRIVE City LARGO FL FL Zip Code 33770		
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  1/19/04 (NOTE: Registered Agent signature required when constituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS MANNELLO, DANIEL A 441 CENTRAL AVE ST. PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 100 PALM DRIVE LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: 			1/19/04 (27)581-3165 Secretary of State		

54000462



01152004 Chg-P CR2E034 (10/03)