2008 FOR PROFIT CORPORATION ANNUAL, REPORT

DOCUMENT # P04000112658

1. Entity Name

EAST COAST DIGITAL MANAGEMENT, INC.



Principal Place of Business

375 DOUGLAS AVE.

SUITE 1008 ALTAMONTE SPRINGS, FL 32714 Mailing Address

375 DOUGLAS AVE.

SUITE 1008 ALTAMONTE SPRINGS, FL 32714

FILED Mar 27, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02252008 No Chg-P

4. FEI Number 20-1450114

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEIK, STEPHEN W 375 DOUGLAS AVE. **SUITE 1008**

ALTAMONTE SPRINGS, FL 32714

DO	NOT	WR	LITE
IN	THIS	SPA	CE

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 printed name of registered agent and title if applicable

(NOTE: Registered Agen) signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000870942 04/09/08-80110-023 150.00

ATTO I W	ay 1, 2008 Fee will be \$550.00	Trust runa Commoulion.
10.	OFFICERS AND DIREC	CTORS
NAME STREET ADDRESS CITY-ST-ZIP	P STEPHEN, RORY A 1730 M ST NW SUITE 905 WASHINGTON, DC 20036	
NAME STREET ADDRESS CITY-ST-ZIP	D FRANGIPANE, FRANCIS 125 ROBINS SQUARE CT ROBINS, IA 52328	
NAME STREET ADDRESS CITY-ST-ZIP	S BEIK, STEPHEN W 375 DOUGLAS AVE., STE. 1008 ALTAMONTE SPRINGS, FL 32714	
ȚIILE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHEN, WENDY J 1730 M ST NW SUITE 905 WASHINGTON, DC 20036	
NAME STREET ADDRESS CITY-ST-ZIP	D SPEIRS, MARILYN 3 JILLIESTON TERR PATNE EYRSHIRE SCOTLAND KA6 7JZ UK,	
NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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 change and or or an attachment with an address, with all other life announced.

SIGNING OFFICER OR DIRECTOR

2-29-08

407 802 5084