

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112658

FILED
Jan 08, 2009
Secretary of State

Entity Name: EAST COAST DIGITAL MANAGEMENT, INC.

Current Principal Place of Business:

375 DOUGLAS AVE.
SUITE 1008
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

375 DOUGLAS AVE.
SUITE 1008
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

375 DOUGLAS AVENUE
SUITE 1008
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-1450114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEIK, STEPHEN W
375 DOUGLAS AVE.
SUITE 1008
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEPHEN, RORY A
Address: 1730 M ST NW SUITE 905
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: FRANGIPANE, FRANCIS
Address: 125 ROBINS SQUARE CT
City-St-Zip: ROBINS, IA 52328

Title: S () Delete
Name: BEIK, STEPHEN W
Address: 375 DOUGLAS AVE., STE. 1008
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: STEPHEN, WENDY J
Address: 1730 M ST NW SUITE 905
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: SPEIRS, MARILYN
Address: 3 JILLIESTON TERR PATNE
City-St-Zip: EYRSHERE SCOTLAND KA6 7JZ UK,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHLEEN GURAL - CFO

CFO

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date