2005 FOR PROFIT CORPORATION

FILED Apr 08, 2005 8:00 am Secretary of State

2003	ANNUAL REPORT	
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DOCUMENT # P04000152074 1. Entity Name DIGITAL CONVERSION SERVICES INC.							04-08-2005	90051 031 ***	*150.00	
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Principal Place of Business Mailing Address						្រុះស្រី	8369			
6513 LAGORCE LANE LAKE WORTH, FL 33463 6513 LAGORCE LANE LAKE WORTH, FL 33463							B) (1884 B(18)18(1 88))) 158			
Principal Place of Business 3. Mailing Address						-				
2. Principal Place of Business 5. Maining Address						I BUILS ULULE UUSII URIIS GUSI	0 3 0 0 1 0 1110 11 11 11 0 0 111 1 1 0 1	[14 O[0]]]]]]]]		
Suite, Apt. #, etc. Sui			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/		
City & State				1, 4h4 1, 1	4. FEI Numb	7 <u>157577</u>	<i>,</i>	Applied For Not Applicable		
Zip		Country	Zip	Coun	ilry	5. Certificate	of Status Desired	□ \$8.75	Additional suired	
<u> </u>	6. Name	and Address of Curren	t Registered Agent			7. Name and	Address of New R			
- ·		_	W		Name					
PULDA, DONNA 6513 LAGORCE LANE LAKE WORTH, FL 33463			Street Address (P.O. Box Number is Not Acceptable)							
	·									
					City			FL Zip	Code	
	named entity		for the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo		with, and accept	
i ie oongan	ons or regist	ored agent.								
SIGNATURE_	Signature, typed	or printed name of registered age	nt and title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		
FILI After Ma	E NOW!!! sy 1, 200!	FEE IS \$150.00 5 Fee will be \$550	9. Election Campa Trust Fund Con			5.00 May Be ded to Fees				
10.		OFFICERS AN	L DIRECTORS	11.		ADDITIONS	I	ICERS AND DIRECT	TORS IN 11	
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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 changed, or on an attachment with an address, with all other like empowered.										
					TRIDA		3-1-2-	54 c		
SIGNATURE: Norma J. Pulla DONNA J. PULDA 3-1-2005 SIGNATURE AND TO FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylario Phone *										