

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064195

FILED
Apr 04, 2008
Secretary of State

Entity Name: DIGITAL SKIES INC.

Current Principal Place of Business:

2782 E. ORCHARD CIRCLE
FORT LAUDERDALE, FL 33328

New Principal Place of Business:

Current Mailing Address:

2782 E. ORCHARD CIRCLE
FORT LAUDERDALE, FL 33328

New Mailing Address:

FEI Number: 20-2777558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESLER & LINDIE P.A.
315 S.E. 7TH ST.
300
FORT LAUDERDALE, FL 33301 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: JENSEN, G
Address: 2782 E. ORCHARD CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: JENSEN, G
Address: 2782 E. ORCHARD CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: P () Change (X) Addition
Name: HOOFT GRAAFLAND, F
Address: 5283 SW 33 WAY
City-St-Zip: FORT LAUDERDALE, FL 33312

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: GINO JENSEN

VP

04/04/2008

Electronic Signature of Signing Officer or Director

_____ Date