


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUN -5 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000149295	
1. Entity Name DIGITAL UNLIMITED INC	

Principal Place of Business 7790 W IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747	Mailing Address 7790 W IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747
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2. Principal Place of Business - No P.O. Box # 8102 INTL OR Suite, Apt. #, etc.	3. Mailing Address 8102 INTL OR Suite, Apt. #, etc.
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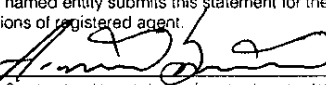
City & State Orlando FL	City & State Orlando FL
Zip 32819	Country U.S.A



05302007 REIN-P CR2E098 (1/07)

4. FEI Number 20-3762546		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SAMMAN, AIMAN 7790 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34747		
7. Name and Address of New Registered Agent Name SAMMAN, A. IMAN Street Address (P.O. Box Number is Not Acceptable) 8102 INTL OR City Orlando FL Zip Code 32819		

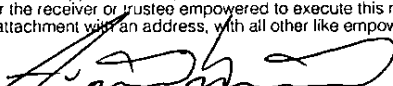
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Aiman SAMMAN May-30-07  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMMAN, AIMAN 7790 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMMAN, A. IMAN 8102 INTL OR Orlando FL 32819 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:  Aiman SAMMAN 5-30-07 407-355-0430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #