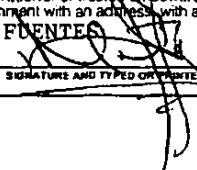


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

01-29-2007 90062 045 ***150.00

DOCUMENT # P06000096375					
1. Entity Name OVIEDO DIGITAL, INC.					
Principal Place of Business 2245 FOLIAGE OAK TERRACE OVIEDO, FL 32766			Mailing Address 2245 FOLIAGE OAK TERRACE OVIEDO, FL 32766		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5254943	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FUENTES, MARCOS 2245 FOLIAGE OAK TERRACE OVIEDO, FL 32766				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 1 by 4 applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	☐ Delete	TITLE	☐ Change	
NAME	FUENTES, MARCOS		NAME		
STREET ADDRESS	2245 FOLIAGE OAK TERRACE		STREET ADDRESS		
CITY- ST- ZIP	OVIEDO, FL 32766		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE		
NAME	LORENZO, CARMEN A		NAME		
STREET ADDRESS	2245 FOLIAGE OAK TERRACE		STREET ADDRESS		
CITY- ST- ZIP	OVIEDO, FL 32766		CITY- ST- ZIP		
TITLE	SEC	☐ Delete	TITLE		
NAME	LORENZO, ANTHONY		NAME		
STREET ADDRESS	2245 FOLIAGE OAK TERRACE		STREET ADDRESS		
CITY- ST- ZIP	OVIEDO, FL 32766		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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.					
MARCOS FUENTES SIGNATURE: X  PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/26/07 Daytime Phone #: 407 542 6026					