

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90091 041 ***150.00

DOCUMENT # P07000118972	
1. Entity Name BAYSIDE DIGITAL INC.	

Principal Place of Business 2245 FOLIAGE OAK TERRACE OVIEDO, FL 32766	Mailing Address 2245 FOLIAGE OAK TERRACE OVIEDO, FL 32766
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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



01022008 Chg-P CR2E034 (12/06)

4. FCI Number 77-0703024		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LORENZO, ANTHONY L 2245 FOLIAGE OAK TERRACE OVIEDO, FL 32766		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

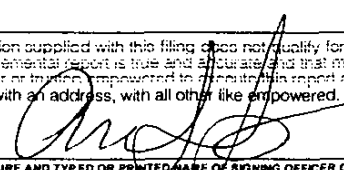
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title is acceptable. (If title is registered agent signature required when returning.) DATE _____

FILE NOW!!! FEE IS \$450.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	LORENZO, ANTHONY L			NAME			
STREET ADDRESS	2245 FOLIAGE OAK TERRACE			STREET ADDRESS			
CITY-ST-ZIP	OVIEDO, FL 32766			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	FUENTES, MARCOS			NAME			
STREET ADDRESS	13656 PHOENIX DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
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 110, 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: X  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date **01-09-08** Daytime Phone # **407-448-1559**