2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000045259

13362 LA MIRADA CIR

WELLINGTON, FL 33414 US

Address: City-St-Zip: FILED Oct 06, 2009 Secretary of State

Entity Nai	me: DIGITAL	NETWORK AUTHORITY, INC	D.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
APT. 207	NCIANA BLVE				
	ALM BEACH, F				
Current M	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
	MIRADA CIR TON, FL 3341	4			
FEI Number:	: 26-2546115	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ALTSCHULER, SARA B 4692 LAKESIDE CIR WEST PALM BEACH, FL 33417 US			13362 LA MIRÁDA CIRO	ALTSCHULER, PETER J 13362 LA MIRADA CIRCLE WEST PALM BEACH, FL 33417 US	
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: PETER A	LTSCHULER		10/06/2009	
Electronic Signature of Registered Agent			gent	Date	
Election Car	mpaign Financin	3(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	·	TO OFFICERS AND DIDECTORS	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ALTSCHULER, 4692 LAKESID		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	P () ALTSCHULER, 13362 LA MIRA WELLINGTON,	ADA CIR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	VP ()) Delete ROBERTA H	Title: (Name:) Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: PETER ALTSCHULER P 10/06/2009