2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045265

Address:

City-St-Zip:

3541 HIGH RIDGE ROAD

BOYNTON BEACH, FL 33426

FILED Sep 04, 2009 Secretary of State

DOCON	LIVI# 1 00	0000-0200		Secretary of State	
Entity Name: DIGITABLE MEDIA SOLUTIONS INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
	RIDGE ROAD				
BOYNTON	BEACH, FL 3	33426			
Current Mailing Address:			New Mailing Address	»:	
3541 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426					
BOINTON	BEACH, FL	33426			
FEI Number:		FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US				LUNGU, EMANUEL 3541 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426 US	
The above in the State		submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: EMANUEL LUNGU				09/04/2009	
	Electron	ic Signature of Registered Ager	ıt	Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () LUNGU, EMANU 3541 HIGH RID BOYNTON BEA	GE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () SMITH, ARKLE 3541 HIGH RID BOYNTON BEA	GE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	STD () LUNGU, DANIE	Delete L	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: EMANUEL LUNGU PD 09/04/2009