


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P93000003426 1. Entity Name CONTINENTAL FILM & DIGITAL LABS, INC. |  |
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| Principal Place of Business 1998 NE 150TH STREET NORTH MIAMI, FL 33181 | Mailing Address 1998 NE 150TH STREET NORTH MIAMI, FL 33181 |
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02072008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 26-0299956 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KRAMS, STEVEN
 5600 NW 32 AVE
 MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST KRAMS, STEVEN 5600 NW 32 AVE MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S REUSCH, DARA 5600 NW 32 AVE MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP AMOROSI, MARIA V 5600 NW 32 AVE MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000869494
 04/09/08-80048-018 150.00

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: Maria V. Amorosi Date: 03-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR