


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90007 016 \*\*\*150.00

<b>DOCUMENT # P93000051218</b>					
<b>1. Entity Name</b> DIGITAL NETWORK SERVICES, INC.					
<b>Principal Place of Business</b> 301 CRAWFORD BLVD STE 204 BOCA RATON, FL 33432 US			<b>Mailing Address</b> 301 CRAWFORD BLVD STE 204 BOCA RATON, FL 33432 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. <i>Suite 101</i>		Suite, Apt. #, etc. <i>Suite 101</i>			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
<b>4. FEI Number</b> 65-0429005					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>					
<b>6. Name and Address of Current Registered Agent</b>  JOHNSON, GEORGE F 651 SOUTHWEST JUNE BERRY COURT BOCA RATON, FL 33486			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GEORGE F 651 SOUTHWEST JUNE BERRY COURT BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LINDA A 651 SOUTHWEST JUNE BERRY COURT BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <i>George F. Johnson</i>			Date: <i>1-20-04</i> Daytime Phone #: <i>561-347-8151</i>		