2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000285

FILED Feb 23, 2009 Secretary of State

Entity Name: FLORIDA/U.S. DIGITAL NETWORKS, INC.

Current Principal Place of Business:		ce of Business:	New Principal Place of Business:	
	TARY TRAIL			
)9 JPITER,	FL 33458	US		
urrent M	lailing Addr	ess:	New Mailing Addres	ss:
	TARY TRAIL			
09 JPITER,	FL 33458	US		
El Number	: 59-3299887	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	EAN GRAND	EBLVD US		
		y submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida.	y submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida. RE:	y submits this statement for the onic Signature of Registered Ag		ed office or registered agent, or both, Date
the State	e of Florida. RE: Electr			
the State	e of Florida. RE: Electr	onic Signature of Registered Aging Trust Fund Contribution ().	ent	
the State	e of Florida. RE: Electr mpaign Financ S AND DIRE PTD SUTO, MARK	onic Signature of Registered Aging Trust Fund Contribution (). CCTORS: () Delete (W RY TRAIL SUITE 209	ent	Date
the State IGNATUI ection Car FFICER: tle: ame: ddress:	e of Florida. RE: Electr mpaign Finance S AND DIRE PTD SUTO, MARK 4425 MILITA JUPITER, FL S SUTO, NANC	onic Signature of Registered Aging Trust Fund Contribution (). CCTORS: () Delete () W RY TRAIL SUITE 209 33458 () Delete Y RY TRAIL SUITE 209	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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.

SIGNATURE: MARK SUTO PRES 02/23/2009