

2000 UNIFORM BUSINESS REPORT (UBR)

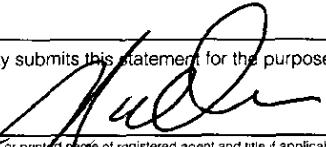
DOCUMENT # P94000031585

1. Entity Name
DIGITAL PREP, INC.

Principal Place of Business 3728 PHILLIPS HWY SUITE 221 JACKSONVILLE FL 32207 US	Mailing Address 3728 PHILLIPS HWY SUITE 221 JACKSONVILLE FL 32207-5732
2. Principal Place of Business 3550 Spring Park Rd Suite, Apt. #, etc.	3. Mailing Address 3550 Spring Park Rd Suite, Apt. #, etc.

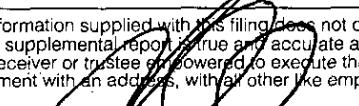
City & State Jacksonville, FL Zip 32207	City & State Jacksonville, FL Zip 32207
Country USA	Country USA

6. Name and Address of Current Registered Agent FREEDMAN, NORMAN I. 8543 HEATHER RUN DR N JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2612 Scott Mill Ln City Jacksonville FL Zip Code 32223
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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.		
SIGNATURE 	Norman I Freedman	
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00-May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME FREEDMAN, NORMAN I STREET ADDRESS 8543 HEATHER RUN DR N CITY-ST-ZIP JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2612 Scott Mill Ln Jacksonville, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FREEDMAN, JUDITH R STREET ADDRESS 8543 HEATHER RUN DR N CITY-ST-ZIP JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2612 Scott Mill Ln Jacksonville, FL 32223	<input checked="" 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
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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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Norman I Freedman 1/11/00 904 3983424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90093 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (999)