



FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90550 008 ***150.00

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DOCUMENT # P95000004004						Secretary of State 01-21-2003 90550 008 ***150.00	
1. Entity Name DIGITAL PROPERTIES, INC.							
Principal Place of Business C/O JOSEPH F. LOPEZ, ESQUIRE 250 BIRD ROAD, #302 CORAL GABLES FL 33146				Mailing Address C/O JOSEPH F. LOPEZ, ESQUIRE 250 BIRD ROAD, #302 CORAL GABLES FL 33146			
2. Principal Place of Business		3. Mailing Address 1157 Sweetwater Rd.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Spring Valley, CA		4. FEI Number 65-0621535		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip 91977		Country USA	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LOPEZ, JOSEPH F ESQ. 250 BIRD ROAD, #302 CORAL GABLES FL 33146				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTC WIENER, STEVE 250 BIRD ROAD #302 CORAL GABLES FL 33146 <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	V ANDRUS, W.H. C/O JOSEPH F. LOPEZ, 250 BIRD RD. #302 CORAL GABLES FL 33146 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CR2E034 (10/02)

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.

SIGNATURE: William H. Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 (305) 444-4375