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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P95000021917 (6)

CDG - BLACKBERRY, INC.

Principal Place of Business

Mailing Address



| 608 E CENTRAL BLVD ORLANDO FL 32801 | | 608 E CENTRAL BLVD ORLANDO FL 32801 | | | | | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|---------------------|
| | | | | | 3. Date Incorporated or Qualified 3a. Date of L 03/15/1995 | | | ast Report |
| | of Divisiona | 2a, Mailing Address | | | 4. FEI Number | | | pplied For |
| Principal Place of Business 1017 E South Street 2a. Mailing Address 2b. 1017 E Sou | | | th Street | | 59-3317030 | | | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | | Additional |
| Suite B 27 Suite | | | | | 3. Continued of Co | | | equired |
| City & State | | City & State | | 6. Election Campaign Financing | | | May Be | |
| | do FI | 28 Orlando, FI | | | Trust Fund Contribution | | | to Fees |
| Orlando FL Country | | Zip Coun | | | 8. This corporation has liability for Florida Statutes | mangible tax □No | นเบอเธ | 193.002, |
| 32801 | 25 Orange | 29 32801 3 | 0 UT | ange | 10. Name and Address of New F | | gent | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. 144110 4115 1141 | | | |
| | | | 0. | | | | | |
| HILL, CAREY | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptab | яе) | | |
| 390 N O | | 83 | | | | | | |
| SUITE 8 | | | 103 | | | | | |
| ORLANDO FL 32801 | | | 84 | City | | FI | 85 Zip | Code |
| | | | | named corner | ration submits this statement for the pured of directors. I hereby accept the app | rpose of char | nging its re | agistered office |
| or registered familiar with, | d agent, or both, in the State of Floric, , and accept the obligations of, Secti | da. Such change was authorized on 607,0505, Florida Statutes. | by the corp | poration's boar | ation submits this statement for the port of directors. I hereby accept the app | ioiniment as i | egistered | agent. Fam |
| GNATURE | gnature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Age | ent signature require | o when reinstating! | DATE | | |
| 2. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OF | FICERS AND | DIRECTO | ORS IN 12 Addition |
| LF | D | ☐ DELETE | 1. 1 TITLE | | | L |] Change | ☐ Muuton |
| .ME | CASEY, DENNIS J | | 1.2 NAME | | | | | |
| REET ADDRESS | 360 E TROTTERS DR | | 1.3 STREE | T ADDRESS | | | | |
| TY-SI-ZIP | MAITLAND FL 32751 | | 1.4 CITY-ST-ZIP | | | |] Change | Addition |
| TLF | D | ☐ 3 DEFELE | 2 1 TITLE | | | L. | J Out 140 | רין ייים |
| AME | RUSSELL, JAMES G | | 2.2 NAME | | | | | |
| TREET ADDRESS | 2280 HONTOON RD | | 23 STRE | ET ADDRESS | | | | |
| iTY-ST-7iP | DELAND FL 32720 | DELAND FL 32720 24 | | -ST-ZIP | | | Change | Addition |
| TLF | D | D DELETE 3 1 | | 1 | | L | | |
| AME | HILL, CAREY | | 3.2 NAM | i i | | | | |
| TREET ADDRESS | 1921 HOFFNER AVE | | | EET ADDRESS | | | | |
| ITY-ST-ZIP | ORLANDO FL 32809 | | | - ST - ZIP | | | Charge | ☐ Addition |
| ITLE | | ☐ DELETE | 4. 1 TiTL | | | • | | _ |
| AME | | | 4 2 NAM | | | | | * |
| TREET ADDRESS | | | | ET ADORESS | | | | |
| ITY-ST-ZIP | | | | -ST-ZIP | | | Change | ☐ Additio |
| IILF | | ☐ DELETE | 5. 1 TiTU | | | • | | • |
| IAME | | | 5.2 NAM | | | | | |
| TREET ADDRESS | | | | EFT ADDRESS | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | Change | Addition |
| TITLE | | ☐ DELETE | 6 1 THT | | | | | |
| NAME | | | 6.2 NAM | l l | | | | |
| STREET ADDRESS | 1 | | | EET ADDRESS | | | | |
| | y certify that the information supplied | | | Y-\$1-ZIP | | | | |

certify that the information indicated on this annual report or supplemental arrival report is the and accorded an attention of the corporation or the receiver or trustee empowered to execute this report as required by appears in Block 12 or Block 13 if changed, for on an attachment with an address.

F SIGNING OFFICER OR DIRECTOR