FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 2-7-96 B-0824

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000041258 (1)**

1. Corporation Name

DIGITAL DOCUMENT CORPORATION

Principal Place of Business
~~1430 SW 67 TERR~~
~~PLANTATION FL 33317~~
10204 N.W. 47 ST
SUNRISE, FL 33351-7980

Mailing Address
~~1430 SW 67 TERR~~
~~PLANTATION FL 33317~~
10204 N.W. 47 ST
SUNRISE, FL 33351-7980

2. Principal Place of Business
21 10204 NW 47 ST
Suite, Apt. #, etc.
22
City, & State
23 SUNRISE, FLORIDA
Zip 24 33351-7980 Country 25 USA

2a. Mailing Address
26 10204 NW 47 ST
Suite, Apt. #, etc.
27
City & State
28 SUNRISE, FL
Zip 29 33351-7980 Country 30 USA

3. Date Incorporated or Qualified: **05/16/1995**

3a. Date of Last Report

4. FEI Number: 65 0579918 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JAMESSON, PAUL E
4210 SW 8 ST
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	BOYD, ROBERT	
STREET ADDRESS	1430 SW 67 TERR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	☒ DELETE
NAME	BOYD, SHIRLEY J	
STREET ADDRESS	1430 SW 67 TERR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	☐ DELETE
NAME	BOYD, STEVEN M	
STREET ADDRESS	1141 SW 45 TERR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V. PRESIDENT, TREAS, DIR.	☐ Change ☒ Addition
1.2 NAME	PAUL ETHAN JAMESSON	
1.3 STREET ADDRESS	4210 SW 8 ST	
1.4 CITY-ST-ZIP	PLANTATION, FL 33317	
2.1 TITLE	~~VEN~~ V.P. DIR.	☐ Change ☒ Addition
2.2 NAME	JENNIFER BOYD	
2.3 STREET ADDRESS	1141 SW 45 TERR	
2.4 CITY-ST-ZIP	PLANTATION, FL 33317	
3.1 TITLE	V.P. DIR.	☐ Change ☒ Addition
3.2 NAME	V. DIANE JAMESSON	
3.3 STREET ADDRESS	4210 SW 8 ST	
3.4 CITY-ST-ZIP	PLANTATION, FL 33317	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or is added in an attachment with an address.

SIGNATURE: Paul E. Jamesson V.P. — 2-1-96 — (954) 747-7468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #