

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90158 022 \*\*\*150.00

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**DOCUMENT # P95000056793**

1. Entity Name

**DIGITAL DOMAIN LEASING CORP.**

Principal Place of Business

**5422 CARRIER DR.  
#207  
ORLANDO FL 32819**

Mailing Address

**4000 HOLLYWOOD BLVD  
#580-N  
HOLLYWOOD FL 33021**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2501 Hollywood Blvd  
Suite 110  
Hollywood FL  
33020**

3. Mailing Address

**2501 Hollywood Blvd  
Suite 110  
Hollywood FL  
33020**

4. FEI Number

**65-0597852**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**YOSIFOVE, YOSEF  
5422 CARRIER DRIVE  
SUITE 207  
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **Yosifove, Yosef**  
Street Address (P.O. Box Number is Not Acceptable) **2501 Hollywood Blvd**  
**Suite 110**  
City **Hollywood** FL Zip Code **33020**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/19/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS YOSIFOVE, YOSEF 304 S. PARKWAY GOLDEN BCH. FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/02 984-94-0033**

Daytime Phone #

CR2E034 (9/01)