2005 FOR PROFIT CORPORATIO ANNUAL REPORT	ON	FILED
DOCUMENT # P96000010017		Apr 21, 2005 08:00 AM
1. Entity Name DIGITAL LIGHT PRODUCTIONS CORPORATION		Secretary of State
Principal Place of Business Mailing Address 4000 DIGITAL LIGHT DR. 4000 DIGITAL LIGHT DR. MELBOURNE, FL 32934 US		
DO NOT WRITE IN THIS SPA	CE	04192005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3358016 Not Applicable
\$1		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KUBICA, PAUL J		DO NOT WRITE
MELBOURNE, FL 32934		IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registe	red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
the ubligations of registered agent. SIGNATURE Part 5 Signature, hypodies provide our considered agent and talls diapplicable. (NOTE Registered agent and talls diapplicable.)	KJB/CA ed Agent signature required	1 when re-islating] Date
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution		.00 May Be Jed to Fees
10. OFFICERS AND DIRECTORS	_	
NAME KUBICA, EMILY STREET ADDRESS 4000 DIGITAL LIGHT DRIVE		
CITY-ST ZIP MELBOURNE, FL 32934	4	
MAME KUBICA, PAUL		U00000321538 04/21/05-80082-006 150.00
STREET ADDRESS 4000 DIGITAL LIGHT DRIVE CITY-ST-ZIP MELBOURNE, FL 32934		
TITLE NAME	-	
STREET ADDRESS CITY-SI-ZP		DO NOT WRITE
TITLE	···	IN THIS SPACE
NAME STREET ADDRESS		
CITY-ST ZIP TUTLE		
NAME STREET ADDRESS		
STREET ADDRESS CITY-ST ZIP		
TITLE NAME		
STREET ADDRESS CITY-SY ZIP		
 I hereby certify that the information supplied with this filing does not qualify for the execution indicated on this report or supplemental report is true and accurate and that my signal of the corporation or the receiver or trustee empowered to execute this report as required, or on an attachment with an address, with all other like empowered. 	emption stated in Se ature shall have the s ired by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 7, Florida Statutes, and that my name appears in Block 10 or Block 11 if
SIGNATURE: PLACE PALL J KUBICA 4/19/2415 321-752-7744 SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		