

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90113 032 ***150.00

DOCUMENT # P96000022185

1. Entity Name
DIGITAL ALTERNATIVES, INC.



Principal Place of Business
3666 TAMiami TRAIL NO
SUITE 202
NAPLES, FL 34103 US

Mailing Address
3666 TAMiami TRAIL NO
SUITE 202
NAPLES, FL 34103 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0643875

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMINGO, BING
4081 TAMiami TRAIL NORTH
SUITE C-201
NAPLES, FL 34103

Name **HINSON, JESSE**

Street Address (P.O. Box Number is Not Acceptable)
3666 TAMiami TRAIL N., Suite 202

City **NAPLES**

FL

Zip Code **34103**

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

Jesse R. Hinson **JESSE R. HINSON III**

7/1/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HANSON, JESSE**
STREET ADDRESS **3666 TAMiami TRAIL N., SUITE 202**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Change ☐ Addition
NAME **HINSON, JESSE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CAMPBELL, THOMAS L**
STREET ADDRESS **390 BROAD AVENUE SOUTH**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LYNCH, DENNIS J**
STREET ADDRESS **4081 TAMiami TRAIL NORTH, SUITE C-20**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SNYDER, C DAVID**
STREET ADDRESS **1940 EAST 6TH STREET, SUITE 200**
CITY-ST-ZIP **CLEVELAND, OH 44114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **DOMINGO, BING**
STREET ADDRESS **4081 TAMiami TRAIL N. SUITE C-201**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **LYNCH, CHRISTOPHER**
STREET ADDRESS **3666 TAMiami TRAIL N., SUITE 202**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jesse R. Hinson **JESSE R. HINSON III**

7/1/04 239-263-0567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #