FILED Apr 20, 2004 08:00 AM Secretary of State 2004 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P96000027297** 1. Entity Name DIGITAL INDUSTRIES, INC. Principal Place of Business Mailing Address 8475 WESTERN WAY., STE 100 8475 WESTERN WAY., STE 100 JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32256 US DO NOT WRITE IN THIS SPACE 01132004 No Cho-P CR2E034 (10/03) Applied For 4. FEI Number 59-3368579 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE BURNS, JAMES R 116 NEWPORT LN PONTE VEDRA BEACH, FL 32082 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) U00000121287 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/20/04-80044-013 150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 1878₽ NAME BURNS, JAMES R STREET ADDRESS 116 NEWPORT LN CITY-ST-ZSP PONTE VEDRA BCH, FL ขยะ MARKE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 7133.E NAME STREET ADDRESS CITY-ST-ZIP supplied with this filling closs not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information in a first state and that my signature shall have the same legal effect as if made under oath; that I am an officer or director at being empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address with all other like empowered. 12. I hereby sentify that the information support indicated on his report or suppliements of the corporation or the receiver of the corporation or the receiver of the changed, or on an attachment with an armount of the change of the change

Davime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR