2000 UNIFORM BUSINESS REPORT (UBR)

May 20, 2000 8:00 am Secretary of State DOCUMENT # P96000033317 1. Entity Name DIRECT DIGITAL IMAGING, INC. 05-20-2000 90009 029 ***150.00 Principal Place of Business Mailing-Address 3260 DUNDEE ROAD 3260 DUNDEE ROAD WINTER HAVEN FL 33884-1113 WINTER HAVEN FL 33884 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For -City & State City & State 4. FEI Number ~59-3385181 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANLEY, LARRY K Street Address (P.O. Box Number is Not Acceptable) 3260 DUNDEE ROAD WINTER HAVEN FL 33884 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE DANLEY, LARRY K NAME NAME STREET ADDRESS 3260 DUNDEE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER HAVEN FL 33884 Change ☐ Addition TITLE ☐ Delete DANLEY, JEFFREY K NAME STREET ADDRESS STREET ADDRESS 3260 DUNDEE ROAD CITY-ST-ZIP CITY-ST-ZÎP WINTER HAVEN FL 33884 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP This filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information type and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. 13. I hereby certify that the information supplies

FILED

SIGNATURE: SIGNAT D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

indicated on this report or supplemental re-

changed, or on an attachment