FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

$550.00

APPROVED AND FILED

1997 AUG 11 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082046

1. Corporation Name

INTERNATIONAL DIGITAL MANUFACTURING INC.

Principal Place of Business / Mailing Address

285 NATIONAL ROAD
LONGWOOD, FLORIDA 32750

3. Date Incorporated or Qualified: 10/4/96
3a. Date of Last Report: NA

2. Principal Place of Business
21: 285 NATIONAL ROAD
22 Suite, Apt. #, etc.: # 127
23 City & State: LONGWOOD FLORIDA
24 Zip: 32750
25 Country: U.S.A.

2a. Mailing Address
26: 285 NATIONAL ROAD
27 Suite, Apt. #, etc.:
28 City & State: LONGWOOD FLORIDA
29 Zip: 32750
30 Country: U.S.A.

4. FEI Number: 59-3406841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JAMIE PIROMALLI
396 HICKORY DRIVE
MAITLAND, FL 32751

10. Name and Address of New Registered Agent

81 Name: WILLIAM F. LAWLESS & ASSOCIATES, PA
82 Street Address (P.O. Box Number is Not Acceptable): 217 NORTH WESTMONTE AVENUE
83: Suite 3022
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ 8/6/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC / JAMIE PIROMALLI P. / 396 HICKORY DRIVE / MAITLAND, FL 32751	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRES / STEVEN BREWER / 9440 W. CHARING CROSS CIR / LAKE MARY FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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8/11/97

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PRES STEVE BREWER — 4 Aug 97 — 407 834-9831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #