

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000088032**

1. Entity Name

**DIGITAL MEDIA NETWORK, INC.****FILED****Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90452 031 \*\*\*150.00

Principal Place of Business

Mailing Address

**ONE FINANCIAL PLAZA  
22ND FLOOR  
FORT LAUDERDALE FL 33394  
US****P.O BOX 5843  
FORT LAUDERDALE FL 33310  
US**

U S S E A U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **NOT APPLICABLE**

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

**BERNTHALER, THOMAS  
ONE FINANCIAL PLAZA  
22ND FLOOR  
FORT LAUDERDALE FL 33394**Name **SCHUTTE, BERNHARD**

Street Address (P.O. Box Number is Not Acceptable)

**ONE FINANCIAL PLAZA # 2202**City **FORT LAUDERDALE**

FL

Zip Code **33394**

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

**BERNHARD SCHUTTE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/10/01**9. This corporation is eligible to satisfy its Intangible  
Taxing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COD** ☐ Delete  
NAME **SCHUTTE, BERNHARD**  
STREET ADDRESS **ONE FINANCIAL PLAZA 22ND FLOOR**  
CITY-ST-ZIP **FT LAUDERDALE FL 33394**TITLE ☒ Change ☐ Addition  
NAME **SCHUTTE, BERNHARD**  
STREET ADDRESS **ONE FINANCIAL PLAZA 22ND FLOOR**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33394**TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**BERNHARD SCHUTTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/01**

Date

**(954) 333-7777**

Daytime Phone #

CR2E034 (10/00)