

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90068 008 ***150.00

0315352 AV

DOCUMENT # P96000088032

1. Entity Name

DIGITAL MEDIA NETWORK, INC.

Principal Place of Business

**ONE FINANCIAL PLAZA
 22ND FLOOR
 FORT LAUDERDALE FL 33394
 US**

Mailing Address

**P.O BOX 5843
 FORT LAUDERDALE FL 33310
 US**

2. Principal Place of Business

**1900 W COMMERCIAL BLVD
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 5843
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL.

City & State

FORT LAUDERDALE FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33309

Country

Zip

33310

Country

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHUTTE, BERNHARD
 ONE FINANCIAL PLAZA
 2202
 FORT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

Name **SCHUTTE, BERNHARD**

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

1900 W COMMERCIAL BLVD.

City **FORT LAUDERDALE**

FL

Zip Code

33309

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)

DATE

1/18/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 officers empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2002 (454) 333-7777

Daytime Phone #

CR2E034 (9/01)