

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90163 011 ***158.75

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DOCUMENT # P97000025757

1. Entity Name
DIGITAL IMAGING ASSOCIATES, INC.



Principal Place of Business
4674-76 NORTH HINTUS ROAD
SUNRISE FL 33351
US

Mailing Address
4674-76 NORTH HINTUS ROAD
SUNRISE FL 33351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0744419**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNSTEIN, STEVE
4674-76 N HIATUS ROAD
SUNRISE FL 33351

Name **STEVE BERNSTEIN**
Street Address (P.O. Box Number is Not Acceptable)
7501-6 So. ARAGON BLVD
City **SUNRISE** FL Zip Code **33313**

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.

SIGNATURE **STEVE BERNSTEIN**

DATE **4/16/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BERNSTEIN, STEVE**
STREET ADDRESS **4674-76 N HIATUS ROAD**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☒ Change ☐ Addition
NAME **STEVE BERNSTEIN**
STREET ADDRESS **7501-6 So. ARAGON BLVD**
CITY-ST-ZIP **SUNRISE, FL 33320**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVE BERNSTEIN

DATE **4/16/03**

DAYTIME PHONE # **954.739.2277**

CR2E034 (10/02)