

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90018 019 ***558.75

DOCUMENT # P97000034045

1. Entity Name
DIGITAL CHAINSAW, INC.

Principal Place of Business

300 FIRST AVENUE S
 STE 500
 SAINT PETERSBURG FL 33701
 US

Mailing Address

~~300 FIRST AVENUE S~~
~~STE 500~~
~~SAINT PETERSBURG FL 33701~~
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10300 Ormsby Park Place

Ste 405

Louisville KY

40223 USA



00057482

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3440812**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALLEN, GARY
 300 FIRST AVENUE SOUTH
 STE 500
 SAINT PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **CT CORPORATION SYSTEM**
 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
 City **PLANTATION FL** Zip Code **33324**

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 Susan J. Metze **Susan J. Metze, Asst. Secretary**

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

(NOT)

Registered Agent signature required when reinstating

DATE

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

FILE NOW!
After MAY 1, 2001
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	D	<input checked="" type="checkbox"/> Delete
NAME	LUNTER, PAUL	
STREET ADDRESS	15373 ROOSEVELT BLVD., #2	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, GARY	
STREET ADDRESS	15373 ROOSEVELT BLVD., #2	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYETTE J. Hennington III	
STREET ADDRESS	300 FIRST AVENUES	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	Chief operating officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER W. ANDERSON	
STREET ADDRESS	300 FIRST AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES E. RICHARDSON	
STREET ADDRESS	10901 W. TOLLER DRIVE	
CITY-ST-ZIP	LITTLETON CO 80127	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN G. HUNDLEY	
STREET ADDRESS	10300 ORMSBY PARK PLACE, STE 405	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, A DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)