(619) 280-8000

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9700056755 1. Entity Name DIGITAL CONCEPTS INTERNATIONAL, INC.						May 03, 2001 8:00 am Secretary of State 05-03-2001 90079 033 ***150.00		
Principal Place of Business 3838 CAMINO DEL RIO NORTH SUITE NO. 333 SAN DIEGO CA 92108		Mailing Address 3838 CAMINO DEL RIO NORTH SUITE NO. 333 SAN DIEGO CA 92108				I INDIINONI IKO KOKIK KONIK DONIK NONIK NONIK NONIK NIKO NIKO NIKO NI		IBI 691 1891
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPACE	
City & State		City & State			4.	FEI Number 65-0941043		oplied For ot Applicable
Zip	Country	Zip	Cou	intry	5.	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Regi	stered Agent	
LITTMAN, ERIC P 7695 SW 104 STREET, SUITE 210 MIAMI FL 33156				Name Street Address (P.O. Box Number is Not Acceptable)				
				City			Zip Cod	e
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fe		tate	10. Election Campaign Finance Trust Fund Contribution.	Added	0 May Be ito Fees
11.	OFFICERS AND	DIRECTORS	12	·	Al	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENDER, DANIEL 3838 CAMINO DEL RIO NORTH, SAN DIEGO CA 92108		CiŢ	ME REET ADDRESS Y-ST-ZIP	<u>.</u>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD GALLO, JOHN P 3838 CAMINO DEL RIO NORTH, SAN DIEGO CA 92108	<u>.</u> ₩ Delete #333		_ (: . • • - <u>-</u> =		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAELSON, JACK S 3838 CAMINO DEL RIO NORTH, SAN DIEGO CA 92108	□ Delete #333					Change	☐ Addition
TITLE NAME STREET ADDRESS CÎTY-ST-ZIP	AS BUA, CARMINE J III 3838 CAMINO DEL RIO NORTH, SAN DIEGO CA 92108	☐ Delete #333		- 1			☐ Change	☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME ' STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	Addition
13. I hereby of indicated of the corchanged	certify that the information supplied with on this report or supplemental report is reporation or the receiver or mustee imp , or on an attachment with an address	this filing does not qualify for true and accurate and that no cute this report with all other like appowered	the exempt signal articles	emption stated in ature shall have th ired by Chapter 6	Section e same 07, Flor	119.07(3)(i), Florida Statutes. I furl legal effect as if made under oath ida Statutes; and that my name ap	ther certify that the in ; that I am an officer pears in Block 11 or	formation or director Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR