## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address
3838 CAMINO DEL RIO NORTH

SUITE NO. 333

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SAN DIEGO CA 92108

## P97000056755 DOCUMENT #

1. Entity Name

SUITE NO. 333

SAN DIEGO CA 92108

Suite, Apt. #, etc.

LITTMAN, ERIC P.

**MIAMI FL 33156** 

7695 SW 104 STREET, SUITE 210

City & State

Zip

Principal Place of Business 3838 CAMINO DEL RIO NORTH

2. Principal Place of Business

DIGITAL CONCEPTS INTERNATIONAL, INC.

Country

6. Name and Address of Current Registered Agent

Country

City

**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91414 032 \*\*\*150.00

<del>.</del> _		
	☐ CHECK HERE IF MAKING	CHANGES
·	4. FEI Number 65-0941043	Applied For
	007094 1043	Not Applicable
,	5. Certificate of Status Desired	\$8.75 Additional ee Required
	7. Name and Address of New Registered A	gent
Name	•	
Street Addr	ess (P.O. Box Number is Not Acceptable)	
		<del>-</del>

FL

Zip Code

<ol> <li>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.</li> </ol>											
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	licable. (NOTE: R	egistered Agent signatu	re required when reins	stating)	DATI	<u> </u>	<del></del>			
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 Car Trust Fund C	npaign Financing Contribution.		<b>0</b> May Be I to Fees			
10.	OFFICERS AND DIRECTO	RS	11.	ADD	ITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS	3 IN 11			
ETLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bender, Daniel 3838 Camino del Rio North, #333 San Diego ca 92108	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD- MICHAELSON, JACK S 3838 CAMINO DEL RIO NORTH, #333 SAN DIEGO CA 92108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition			
IITLE Name Street address City-St-Zip	AS	Delete	TITLE_ NAME STREET ADDRESS CITY-ST-ZIP	y - #T ;	. •	÷	☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.			☐ Change	Addition			
ITLE IAME TREET ADDRESS OTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			

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 of suppliemental 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 repeiver 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 attachr an address, with all other like

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ノリロバ AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition