



**FILED**  
**Aug 22, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90036 012 \*\*\*550.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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| <b>DOCUMENT # P97000064724</b><br>1. Entity Name<br><b>DIGITAL BUSINESS MACHINES USA, INC.</b>   |  |   |
| Principal Place of Business<br><b>21 S.E. 1 AVENUE<br/>10TH FLOOR<br/>MIAMI, FL 33131</b>  | Mailing Address<br><b>624 GRASSMERE PARK DRIVE<br/>SUITE 7<br/>NASHVILLE, TN 37211</b> | <b>66021280</b><br>                      |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>HART, DAVID J<br/>21 S.E. 1 AVENUE<br/>10TH FLOOR<br/>MIAMI, FL 33131</b>  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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.<br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and one if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>BEZUIDENHOUT, HECTOR<br>624 GRASSMERE PARK DRIVE, SUITE 7<br>NASHVILLE, TN 37211  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |  |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.<br>SIGNATURE: <u>Debbiee Doves</u> <u>8/17/07</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |  |  |