

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90144 046 \*\*\*150.00

DOCUMENT #	P97000081099
1. Entity Name	
DLG, INC.	

Principal Place of Business	Mailing Address
2400 E. COMMERCIAL BLVD., STE. 517 FT. LAUDERDALE FL 33308	2400 E. COMMERCIAL BLVD., STE. 517 FT. LAUDERDALE FL 33308

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State		City & State	
Zip	City	City	Zip

Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			

4. FEI Number <b>65-0818711</b>	Applied For
	Not Applicable

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

<b>BRINKLEY, MICHAEL</b> <b>200 E. LAS OLAS BLVD., STE. 1800</b> <b>FT. LAUDERDALE FL 33301-2209</b>	Name
	Street Address (f
	City

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	DPST	<input type="checkbox"/> Delete
NAME	GRIFFITH, DONNA L	
STREET ADDRESS	3509 NW 61 CIR.	
CITY - ST - ZIP	BOCA RATON FL 33496-4002	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	DVPT	<input type="checkbox"/> Delete
NAME	DE MEO, ANTHONY	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 517	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRINKLEY, W. MICHAEL	
STREET ADDRESS	200 E. LAS OLAS BLVD., STE. 1800	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

NAME		<input type="checkbox"/> Delete
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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2002

954-357-9800

CR2E034 (9/01)