

**FOR PROFIT CORPORATION****2003 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90237 019 \*\*\*150.00

**DOCUMENT # P98000107898**

1. Entity Name

**DIGITAL IMAGES NETWORK CORP.****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business:

**6937 NW 173rd DRIVE**

3. Mailing Address

**6937 NW 173rd DRIVE**

Suite, Apt. #, etc.

**APT. 107**

Suite, Apt. #, etc.

**APT. 107**

City &amp; State

**MIAMI, FL**

City &amp; State

**MIAMI, FL**

Zip

**33015**

Country

**USA**

Zip

**33015**

Country

**USA**

4. FEI Number

**65-0885239**

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name **VIVAS, EDUARDO D.**Street Address (P.O. Box Number is Not Acceptable)  
**6937 NW 173rd DRIVE, APT. 107**City **MIAMI,****FL**Zip Code **33015****DO NOT WRITE  
IN THIS SPACE**

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.

\*SIGNATURE

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

(NOTE: Registered Agent signature required when re-instating)

DATE

**January 1 - May 1 Fee is \$160.00****After May 1, Fee is \$550.00****Amended UBR is \$61.25****Make Check Payable to Florida Department of State**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT VIVAS, EDUARDO D. 6937 NW 173rd DRIVE, APT. 107 MIAMI, FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. VIVAS, MABEL A. 6937 NW 173rd DRIVE, APT. 107 MIAMI, FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) of the Florida Statutes, 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 on an attachment with an address, with all other like empowered.

i), Florida Statutes. I further certify that the information 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 on an attachment with an address, with all other like empowered.

**SIGNATURE****EDUARDO VIVAS, PRESIDENT****04/22/03****305-889-6454**

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