## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P99000009873 DOCUMENT # 1. Entity Name **Secretary of State** DIGITAL SPACE, CORP. Principal Place of Business Mailing Address 7601 EAST TREASURE DRIVE, #1511 7601 EAST TREASURE DRIVE, #1511 NORTH BAY VILLAGE NORTH BAY VILLAGE FL 33141 33141 2. Principal Place of Business 3. Mailing Address 1593 E. CHESTNUT AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LOMPOC CA 65-0923910 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANDON 7601 EAST TREASURE DRIVE, #1511 Street Address (P.O. Box Number is Not Acceptable) NORTH BAY VILLAGE FL33141 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. LANDON J. DIRGO 04/30/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE ☐ Delete TITLE ☐ Addition DIRGO MAME LARRY NAME 7601 EAST TREASURE DRIVE #1511 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33141 CITY-ST-ZIP ☐ Delete PD TITLE ☐ Change NAME KEY KRISTIN NAME STREET ADDRESS 1593 EAST CHESTNUT AVENUE STREET ADDRESS CITY-ST-ZIP LOMPOC CA 93436 CITY-ST-ZIP CMDT Delete TITLE ☐ Change ☐ Addition DIRGO LANDON NAME STREET ADDRESS 7601 EAST TREASURE DRIVE #1511 STREET ADDRESS CITY-ST-ZIP MIAMI $\mathbf{FL}$ 33141 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Landon J. Dírgo 04/30/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)