

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047285

1. Entity Name
DIGISAT, INC.

Principal Place of Business
5537 CORDGRASS LN
MELBOURNE BEACH FL 32951

Mailing Address
5537 CORDGRASS LN
MELBOURNE BEACH FL 32951

2. Principal Place of Business
2031 BLUE HERON DR.
Suite, Apt. #, etc.
MELBOURNE, FL

3. Mailing Address
2031 BLUE HERON DR.
Suite, Apt. #, etc.
MELBOURNE, FL

City & State
32940 BREUARD

City & State
32940 BREUARD

4. FEI Number
59-3577453
Applied For
Not Applicable

6. Name and Address of Current Registered Agent

LEHRMAN, F. DONALD
5537 CORD GRASS LANE
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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  F. DONALD LEHRMANN PRESIDENT 4-25-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

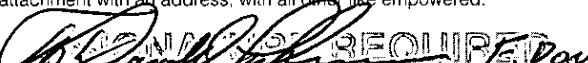
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCSD LEHRMAN, F. DONALD 5537 CORD GRSS LANE MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  REQUIRED Donald Lehrmann 4-25-02 321-757-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #