2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED May 05, 2003 8:00 am Secretary of State	
DOCUMENT # P9900059987 1. Entity Name SUN DIGITAL TECHNOLOGIES, INC.						05-05-2003 91177 041 ***150.00	
30N DIG	IIIAL IEG	HINOLOGIES, INC					
Principal Place 380 BAYTREE MELBOURNE	=		Mailing Address 380 Baytree Drive MELBOURNE FL 32940				
2. Principal Place of Business 3. Mailing Address						I INCHINENT AID HOND TOWN BOWN DENY BOWN EATHER CHIEF TOWN 70/41 (2014 1994 1994)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & Stat	te		City & State			4. FEI Number 59-3598146 Applied For Not Applicable	
Zip		Country	Zip Cour		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent	
VIJAYVARGIYA, SANJIV 380 BAYTREE DRIVE					Name Street Address (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32940							
City 8. The above named entity submits this statement for the purpose of changing its registered office or register					FL Zip Code tered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	tions of registe			J	Ů		
SIGNATURE	Signature, typed o	r printed name of registered ager	at and title if applicable. (NOT	E: Registere	od Agent signature require	ired when reinstating) DATE	
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 BAYTE	BIYA, SANJIV REE DR NE FL 32940	☐ Delete		ſ	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_**		☐ Delete	1	i	☐ Change ☐ Addition	
TITLE .NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	~	☐ Delete		_ ł	Change Addition	
TITLE NAME Street Address City-St-Zip	i		☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		- 1	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		. □ Delete		j	☐ Change ☐ Addition	
indicated of the cor	on this report poration or the	or supplemental report i receiver or trustpe emp	is true and accurate and that i	ny signa as requi	ture shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE:

EARLY SOLVEN SALVAREGITA

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR