

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90135 045 ***150.00

DOCUMENT # P99000070041

1. Entity Name
DIGITAL E GROUP, INC.



Principal Place of Business
2200 N FEDERAL HWY STE 203
BOCA RATON, FL 33431

Mailing Address
2200 N FEDERAL HWY STE 203
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0941388

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN CPA
2499 GLADES RD
STE 305 A
TALLAHASSEE, FL 32301

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PD GEISEN, BRADFORD R 2200 N FEDERAL HWY STE 203 BOCA RATON, FL 33431 <i>REMOVED</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>Director</i> MUTTILLO, DOMINIC A 2200 N FEDERAL HWY STE 203 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SULLIVAN, GREGORY M 2200 N FEDERAL HWY STE 203 BOCA RATON, FL 33431 <i>PRESIDENT</i> <i>SEC, TREAS, Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOMINIC MUTTILLO UP 4/5/05 561-338-1890