

5/21

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-23-2001 91183 005 ***150.00

DOCUMENT # PA9000076607
1. Entity Name
DIGITAL DYNAMIC DISPLAYS CORP.

Principal Place of Business **Mailing Address**
4501 VINELAND ROAD
Suite # 108 ORLANDO, FL 32811

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0987880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA
343 ALMERIA AV
CORAL GABLES, FL 33134

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

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

(NOTE: If current 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, 2001 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	<u>PRESIDENT</u> ☐ Delete
NAME	<u>WILLIAM VAN HOVE</u>
STREET ADDRESS	<u>4501 VINELAND RD, #108</u>
CITY-ST-ZIP	<u>ORLANDO FL 32811</u>
TITLE	<u>VICE PRESIDENT</u> ☐ Delete
NAME	<u>CATHERINE BEZIERE</u>
STREET ADDRESS	<u>4501 Vineland Rd #108</u>
CITY-ST-ZIP	<u>ORLANDO FL 32811</u>
TITLE	<u>SECRETARY</u> ☐ Delete
NAME	<u>CATHERINE BEZIERE</u>
STREET ADDRESS	<u>4501 Vineland Rd, #108</u>
CITY-ST-ZIP	<u>ORLANDO, FL 32811</u>
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 address, with all other like empowered.

SIGNATURE:

W. Van Hove

W. VAN HOVE PRES. 4/30/01

Typed and printed name of signing officer or director

Date

Daytime Phone #

CPRE034 (11/00)