

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077832

Entity Name: DIGITAL SWITCHING, INC.

FILED  
Feb 25, 2004  
Secretary of State

## Current Principal Place of Business:

9039 QUAIL CREEK  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

9039 QUAIL CREEK  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 59-3598796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELLHEIM, JUSTINA A  
17225 TIFFANY SHORE DR.  
LUTZ, FL 33549 US

## Name and Address of New Registered Agent:

SHANKLAND, HAROLD L  
9039 QUAIL CREEK DRIVE  
TAMPA, FL 33647 US

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: HAROLD L SHANKLAND

02/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DELLHEIM, JUSTINA  
Address: 17225 TIFFANY SHORE DR.  
City-St-Zip: LUTZ, FL 33549

Title: DIR (X) Delete  
Name: SHANKLAND, HAROLD  
Address: 9039 QUAIL CREEK  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHANKLAND, HAROLD L  
Address: 9039 QUAIL CREEK  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD L SHANKLAND

P

02/25/2004

Electronic Signature of Signing Officer or Director

Date