2002 UNIFORM BUSINESS REPORT (UBR)

Sep 03, 2002 8:00 am Secretary of State P99000100307 DOCUMENT # 09-03-2002 90006 001 *****8.75 THE DIGITAL DESIGN FACTORY, INC. 09-03-2002 90006 002 ***150.00 Principal Place of Business Mailing Address 98740 1500 BAY ROAD. SUITE 1520 1500 BAY ROAD, SUITE 1520 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0992544 Not Applicable ـ Country ــ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIRACUSA, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 1500 BAY ROAD, SUITE 1520 MIAMI BEACH FL 33139 City 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. 1 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change ☐ Delete SIRACUSA, JOSEPH NAME NAME worth FAST 14th STREET 1500 BAY RD STE 1520 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33139** CITY-ST-ZIP TİLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME SCREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

FILED

changed, or on an attachment with an address, with all other like empowered JOSEPH M. Singeus - President - Aug 21-202 (305) 60 4.0105

STREET ADDRESS

CITY-ST-7IP

I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

manufacture
v.t. produce by labor,
esp. on large scale;
invent, fabricate

Miami acrilo



call

Producer

Joe Siracusa

To: Florida Department of State
Division of Corporations
Uniform Business Report filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations:

Enclosed is myfiling fee for \$150.00 plus the \$8.75 for the Certificate of Status. Please understand that I did not receive the first notice. Thank you for your cooperation.

Sincerely,

Joseph M. Siracusa

President