

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90036 047 ***150.00

DOCUMENT #
 1. Entity Name Digital Eel, Inc.
Document Number P99000101603

Principal Place of Business Mailing Address
2451 E. VINA DEL MAR BLVD
ST. PETE BEACH, FL 33706

2. Principal Place of Business 201 42nd Ave.
 Suite, Apt. #, etc.
 3. Mailing Address 201 42nd Ave.
 Suite, Apt. #, etc.

769862

DO NOT WRITE IN THIS SPACE

City & State St. Pete Beach City & State St. Pete Beach 4. FEI Number 59-3610272 Applied For Not Applicable
 Zip 33706 Country USA Zip 33706 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Brunson, Veronica
2451 E. VINA DEL MAR BLVD.
ST. PETE BEACH, FL 33706

7. Name and Address of New Registered Agent
 Name Brunson, Veronica
 Street Address (P.O. Box Number is Not Acceptable) 201 42nd Ave
 City St. Pete Beach FL Zip Code 33706

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 _____ (NOTE: Registered 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>D</u>	<input type="checkbox"/> Delete
NAME	<u>Brunson, Veronica</u>	
STREET ADDRESS	<u>2451 E. VINA DEL MAR BLVD.</u>	
CITY-ST-ZIP	<u>ST. PETE BEACH, FL 33706</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Delete
NAME	<u>Schwab, Steve</u>	
STREET ADDRESS	<u>2451 E. VINA DEL MAR BLVD.</u>	
CITY-ST-ZIP	<u>ST. PETE BEACH, FL 33706</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<u>D</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Brunson, Veronica</u>	
STREET ADDRESS	<u>201 42nd Ave.</u>	
CITY-ST-ZIP	<u>ST. PETE BEACH, FL 33706</u>	
TITLE	<u>D</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Schwab, Steve</u>	
STREET ADDRESS	<u>201 42nd Ave</u>	
CITY-ST-ZIP	<u>ST. PETE BEACH, FL 33706</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: [Signature] Steve Schwab 4/26/01 (727) 368-0270
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)