

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # S51904

1. Entity Name  
SUNCOAST DIGITAL TECHNOLOGY, INC.



Principal Place of Business  
2310 TALL PINES DR  
SUITE 240  
LARGO, FL 33771 US

Mailing Address

2310 TALL PINES DR  
SUITE 240  
LARGO, FL 33771 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3065397

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNUPKE, PAUL E  
2310 TALL PINES DR  
SUITE 240  
LARGO, FL 33771

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. 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD  
NAME KNUPK, PAUL E  
STREET ADDRESS 2310 TALL PINES DR STE 240  
CITY-ST-ZIP LARGO, FL 33771

Delete

TITLE PD  
NAME KNUPK, PAUL E.  
STREET ADDRESS 2310 TALL PINES DR., SUITE 240  
CITY-ST-ZIP LARGO, FL 33771

Change  Addition

TITLE PSD  
NAME FRANGIONE, JOSEPH M  
STREET ADDRESS 2310 TALL PINES DR STE 240  
CITY-ST-ZIP LARGO, FL 33771

Delete

TITLE VSD  
NAME FRANGIONE, JOSEPH M.  
STREET ADDRESS 2310 TALL PINES DR., SUITE 240  
CITY-ST-ZIP LARGO, FL 33771

Change  Addition

TITLE CD  
NAME KALMUS, CHRISTOPHER E  
STREET ADDRESS 120 E OGDEN AVE #200  
CITY-ST-ZIP HINSDALE, IL 60521

Delete

TITLE CDT  
NAME KALMUS, CHRISTOPHER E.  
STREET ADDRESS 120 E. OGDEN AVE., SUITE 200  
CITY-ST-ZIP HINSDALE, IL 60521

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**FILED  
May 04, 2007 8:00 am  
Secretary of State**

05-04-2007 90073 012 \*\*\*158.75

40104310



04162007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3065397

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

APRIL 16, 2007 727-531-6900, EXT. 201

Date

Daytime Phone #