2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01938

1. Entity Name

DIGITAL MACHINE CORPORATION, S.F.

Principal Place of Business 290 OLD DIXIE HWY VERO BEACH FL 32962		Mailing Address 290 OLD DIXIE HWY VERO BEACH FL 32962			JUURUATU		
US		US					
2. Principal Place of Business		3. Mailing Address			-{		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0303517 Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desire	A0.75	dditional
·	6. Name and Address of Current	Registered Agent		i	7. Name and Address of Ne		
IRBY, KEVIN N.			Name	Name SANC			
	SQUARE SW	Street Address			P.O. Box Number is Not Acceptable)		
	ACH FL 32968			5755 GLEN EAGLE LANE			
			City	133	<u>GLEN ZAGO</u> Reacu	FL ZigCo	20017
8. The above	amed entity submits this statement for	or the purpose of changing its	registered office o	r registered	d agent, or both, in the State of	f Florida. I am familiar with	h, and accept
SIGNATURE!		KEL	IN M.			1-30-03	
9 P	Agnal re, typed or printed name of registered fight	and title if applicable. (NOT)	E: Registered Agent signal	ure required # h	nen reinstating)	DATE	
Atte	r May 1, 2003 Fee will be \$\$50.00 k Payable to Florida Department o	f State			9. Election Campaign Trust Fund Contribu	~ _ ~~.	.00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP IRBY, KEVIN M. 425 38TH SQUARE S W VERO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAI SAI 57	ne ne 55 GLEN EA 20 BEACH, F-C.	GLE LANE	Addition
TITLE		☐ Delete	TITLE	VEF	O WEHCH, I-C.	Change	Addition
NAME			NAME			\$\tag{\chi_{\text{starting}}}	7,000,11011
STREET ADDRESS CITY-ST-ZIP	-	· Francis · John	STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		•	•	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME	*	,		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		····	☐ Change	☐ Addition
NAME		☐ Nelere	NAME			☐ change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	_			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 of 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:

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

<u>/-30-03</u>

772-569-8333

FILED

Feb 07, 2003 8:00 am Secretary of State
02-07-2003 90110 041 ***150.00