

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000114575

**Entity Name:** VOLOGY, INC.

**Current Principal Place of Business:**

4027 TAMPA ROAD  
SUITE 3900  
OLDSMAR, FL 34677

**Current Mailing Address:**

4027 TAMPA ROAD  
SUITE 3900  
OLDSMAR, FL 34677 US

**FEI Number:** 59-3760415

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARRIS, DANIEL A  
3937 TAMPA ROAD  
SUITE 2  
OLDSMAR, FL 34677 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CFO  
Name TORRES, STEVE  
Address 4027 TAMPA ROAD SUITE 3900  
City-State-Zip: OLDSMAR FL 34677

Title CEO  
Name SHEVLIN, BARRY L  
Address 4027 TAMPA ROAD SUITE 3900  
City-State-Zip: OLDSMAR FL 34677

Title BRD  
Name HILLS, MATT  
Address 265 FRANKLIN STREET  
City-State-Zip: BOSTON MA 02110

Title BRD  
Name DAVIDSON, JIM  
Address 1111 BRICKELL AVE., SUITE 1300  
City-State-Zip: MIAMI FL 33131

Title BRD  
Name STAFFORD, JOHN  
Address 4027 TAMPA ROAD SUITE 3900  
City-State-Zip: OLDSMAR FL 34677

Title BRD  
Name WALSH, JOHN  
Address 4027 TAMPA ROAD SUITE 3900  
City-State-Zip: OLDSMAR FL 34677

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVE TORRES

CFO

02/18/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date