2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100887

Entity Name: DIGISTREAM SOUTH FLORIDA, INC.

Current Principal Place of Business:

417 MACE BLVD. #J-129 DAVIS. CA 95618

Current Mailing Address:

417 MACE BLVD. #J-129 DAVIS, CA 95618 US

FEI Number: 27-1651953 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT, LLC 3030 N. ROCKY POINT DRIVE, STE 150A TAMPA, FL 33607 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

FILED Jan 12, 2015

Secretary of State

CC7401712078

Officer/Director Detail:

Title DIR. Title F

NameAARONSON, WILLIAM MNameAARONSON, WILLIAM MAddress44633 S. EL MACERO DRIVEAddress44633 S. EL MACERO DRIVE

City-State-Zip: EL MACERO CA 95618 City-State-Zip: EL MACERO CA 95618

Title TREA Title SECR

Name AARONSON, WILLIAM Name AARONSON, WILLIAM

Address 44633 S. EL MACERO DRIVE Address 44633 S. EL MACERO DRIVE
City-State-Zip: EL MACERO CA 95618 City-State-Zip: EL MACERO CA 95618

Title DIR. Title DIR.

NameAARONSON, WILLIAMNameAARONSON, SHIRLEY JAddress44633 S. EL MACERO DRIVEAddress44633 S. EL MACERO DRIVECity-State-Zip:EL MACERO CA 95618City-State-Zip:EL MACERO CA 95618

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: WILLIAM AARONSON

Electronic Signature of Signing Officer/Director Detail

OWNER

01/12/2015 Date