


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90032 026 ***150.00

DOCUMENT # F05000003999

1. Entity Name
 180 DIGITAL INTERIORS, INC.



Principal Place of Business
 6365 N.W. 6TH WAY, SUITE 200
 FT. LAUDERDALE, FL 33309

Mailing Address
 6365 N.W. 6TH WAY, SUITE 200
 FT. LAUDERDALE, FL 33309

9011000



2. Principal Place of Business - No P.O. Box #
 6501 E. BELLEVIEW AVE

3. Mailing Address
 6501 E. BELLEVIEW AVE.

05042007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
 SUITE 500

Suite, Apt. #, etc.
 SUITE 500

City & State
 ENGLEWOOD, CO

City & State
 ENGLEWOOD, CO

Zip
 80111

Country
 USA

Zip
 80111

Country
 USA

4. FEI Number
 20-2498450

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	GIACALONE, PETER	
STREET ADDRESS	6365 N.W. 6TH WAY, SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	AMATO, STEVEN C	
STREET ADDRESS	6365 N.W. 6TH WAY, SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWELL, ROBERT R	
STREET ADDRESS	6365 N.W. 6TH WAY, SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIACALONE, PETER	
STREET ADDRESS	6501 E. BELLEVIEW AVE, SUITE 500	
CITY-ST-ZIP	ENGLEWOOD, CO 80111	
TITLE	VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTBERG, STEVEN C.	
STREET ADDRESS	6501 E. BELLEVIEW AVE, SUITE 500	
CITY-ST-ZIP	ENGLEWOOD, CO 80111	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: STEVEN C. WESTBERG 5/18/07 303-395-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000003999

1. Entity Name
180 DIGITAL INTERIORS, INC.



ATTACHMENT

Principal Place of Business 6365 N.W. 6TH WAY, SUITE 200 FT. LAUDERDALE, FL 33309	Mailing Address 6365 N.W. 6TH WAY, SUITE 200 FT. LAUDERDALE, FL 33309
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40115325

2. Principal Place of Business - No P.O. Box # <i>6501 E. BELLEVUE AVE</i>	3. Mailing Address <i>6501 E. BELLEVUE AV.</i>
Suite, Apt. #, etc. <i>SUITE 500</i>	Suite, Apt. #, etc. <i>SUITE 500</i>
City & State <i>ENGLEWOOD, CO</i>	City & State <i>ENGLEWOOD, CO</i>
Zip <i>80111</i>	Country <i>USA</i>

05042007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2498450	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

<p>6. Name and Address of Current Registered Agent</p> <p>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City FL Zip Code _____</p>
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GIACALONE, PETER 6365 N.W. 6TH WAY, SUITE 200 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GIACALONE, PETER 6501 E. BELLEVUE AVE, SUITE 500 ENGLEWOOD, CO 80111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD AMATO, STEVEN C 6365 N.W. 6TH WAY, SUITE 200 FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WESTBERG, STEVEN C. 6501 E. BELLEVUE AVE, SUITE 500 ENGLEWOOD, CO 80111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, ROBERT R 6365 N.W. 6TH WAY, SUITE 200 FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Steven C. Westberg* **STEVEN C. WESTBERG** 5/18/07 303-395-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #