

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91490 034 ***150.00

DOCUMENT # P92000001980

1. Entity Name

GEMINI DIGITAL PRODUCTS CORP.

Principal Place of Business

**701 S. 5TH ST.
 HOPKINS MN 55343
 US**

Mailing Address

**701 S. 5TH ST.
 HOPKINS MN 55343
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0365280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | Delete | TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-----------------------|----------------|------------------|--------------------------|------------|----------------|-------------|--------------------------|--------------------------|
| PD WALLER, BRIAN | 701 S. 5TH ST. | HOPKINS MN 55343 | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ST O'NEIL, MICHAEL | 701 S. 5TH ST. | HOPKINS MN 55343 | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

2-20-2002 (952) 936-1530

Date

Daytime Phone #

CRE034 (9/01)