04231999-90269-004-$150.00-$150.00

**FILED**
**Apr 23, 1999 8:00 am**
**Secretary of State**
04-23-1999 90269 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K48135

1. Corporation Name
THE DIAMOND NETWORK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 550 N. REO STREET<br>SUITE #300<br>TAMPA FL 33609 | 550 N. REO STREET<br>SUITE #300<br>TAMPA FL 33609 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1989

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

4. FEI Number: 59-2921208 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRECO, FRANK J.
HARRIS, BARRETT, MANN & DEW
1715 N WESTSHORE BLVD., STE 750
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: Apisa, Frank
82 Street Address (P.O. Box Number is Not Acceptable): 13944 Prestwick Drive
83
84 City: Riverview, FL 85 Zip Code: 33569

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | V | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RIPAMONTI, ROBERT | | 1.2 NAME | | |
| STREET ADDRESS | LOWER BALLAKELLY TOP RD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CROSBY ISLE OF MAN B | | 1.4 CITY-ST-ZIP | | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | APISA, FRANK | | 2.2 NAME | | |
| STREET ADDRESS | 7805 LAKESIDE BLVD. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | ST | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | APISA, PAMELA F. | | 3.2 NAME | | |
| STREET ADDRESS | 7805 LAKESIDE BLVD. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Frank Apisa SIGNATURE REQUIRED 4/19/99 813-671-4776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #