

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -2 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008607

1. Entity Name
EDIETZONE.COM, L.L.C.

Principal Place of Business

PO BOX 4461
BOYNTON BEACH FL 32424

Mailing Address

PO BOX 4461
BOYNTON BEACH FL 32124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAHN, ROBERT
1201 S. DIXIE HWY W-15
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name DAYLE JOSEPH
Street Address (P.O. Box Number is Not Acceptable) #F-206
7025 BENTLEY PLACE WAY
City ORLANDO FL Zip Code 32818

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 Dayle Joseph - F. Dietzone.com 04-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004316367--7
-05/25/01--01017--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MANAGING MEMBER
NAME DAYLE JOSEPH
STREET ADDRESS 7025 BENTLEY PLACE WAY F-206
CITY-ST-ZIP ORLANDO, FL 32818

10. ADDITIONS/CHANGES

TITLE DAYLE JOSEPH
NAME MANAGING MEMBER
STREET ADDRESS 7025 BENTLEY PLACE WAY - F-206
CITY-ST-ZIP ORLANDO, FL 32818

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dayle Joseph 04-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

407-292-1724

CR2E083 (11/00)