FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 28, 2002 8:00 am Secretary of State

Daytime Phone #

Date

| DOCUMENT # F0000000262 | | | | | 05-28-2002 91741 031 ***150.00 | |
|---|---|---------------------------------------|----------------|--------------------------------------|--|--|
| 1 ' | D SALES COMPANY : | TNC | | | | |
| | . DIMED COMIANI | INC | 1 | , | | |
| | | · · · · · · · · · · · · · · · · · · · | <u> </u> | <u> </u> | 4 | |
| | OO NOT WRITE | IN THIS S | PACI | Ε | | |
| Principal Place of Business 3. Mailing Address | | | | | - | |
| 55 PARADISE LANE 55 PARADISE Suite, Apt. #, etc. | | | SE LA | NE |] | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | DO NOT WRITE IN THIS SP | ACE |
| City & St BAY SH | tate HORE NY | City & State BAY SHORE | NY | ····· | 4. FEI Number Applied For 11 - 3519169 Not Applied For | |
| Zip 11706 | Country | Zip | Count | у | | Not Applicable 8.75 Additional |
| 11/00 | USA | 11706 | USA | <u></u> | Fe | e Required |
| | | - ! | | l Name . | 7. Name and Address of Current Registered A | igent |
| | DO NOT W | RITE | ORATION SYSTEM | | | |
| = - : | | | | 1200 S | s (P.O. Box Number is Not Acceptable) PINE ISLAND RD | |
| | IN THIS SP | ACE | | | | |
| | | 1 1 | | City | | Zin Code |
| 8 The abov | re named entity submits this state- | A 60 - N | | PLANTAI | TION FL | Zip Code 33324 |
| | | it for the purpose of chan | iging its req | gistered office or I | registered agent, or both, in the State of Florida. | |
| SIGNATURE | • | | | | | |
| | *Signature, typed or printed name of regist | ered agent and title if applica | abie. (i | NOTE: Registered A | gent signature required when reinstating) , | DATE |
| 9. This com | poration is eligible to satisfy its Intangil | ble January 1 | | ee is \$150.00 | | |
| Tax filing requirement and elects to do so. Amended UBR is \$61.25 | | | | | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be |
| · · · · · · · · · · · · · · · · · · · | | Make Check Pag | yable to D | epartment of Sta | ate Trust Fund Contribution. | Added to Fees |
| 11. | OFFICERS AND D PRESIDENT/DIRECT | | | ···································· | | |
| NAME | GARY PRINCE | IOR | TITLE | I | | CRZE034B (12/01) |
| STREET ADDRESS | 1 | | | ET ADDRESS | | 3(1) |
| CITY-ST-ZIP BAY SHORE, NY 11706 | | | | ST - ZIP | | 34 |
| TITLE | VICE PRESIDENT/ | | TITLE | | | —————————————————————————————————————— |
| NAME | WILLIAM PETERSE | | NAME | | | 8 |
| STREET ADDRESS CITY - ST - ZIP | LOO EVICADIOR DEMI | | STREE | ET ADDRESS | | |
| | BAY SHORE, NY 1 | 1706 | CITY - | ST - ZIP | | |
| TITLE NAME | SECRETARY SHELLY SELIGMAN | i | TITLE | | - | |
| STREET ADDRESS | | F | NAME | TADDRESS | | |
| CITY - ST - ZIP | BAY SHORE, NY 1 | | | ST-ZIP | DO NOT WRITE | - |
| TITLE | TREASURER | | TITLE | | | |
| NAME | LOUISE LACCHIN | | NAME | | IN THIS SPACE | <u>.</u> |
| STREET ADDRESS | 55 PARADISE LAN | | STREE | T ADDRESS | | |
| CITY - ST - ZIP | BAY SHORE, NY 13 | 1706 | CITY - | ST - ZIP | | |
| TITLE NAME | VICE PRESIDENT RICK LEE | • | TITLE | | | |
| STREET ADDRÉSS | 1 | | NAME | T ADDRESS | | |
| CITY - ST - ZiP | RICHMOND, VA 232 | | | ST - ZIP | | |
| TITLE | DIRECTOR | | TITLE | | | |
| NAME | STEWART GREEN | | NAME | | | |
| STREET ADDRESS | 55 PARADISE LANE | 3 | STREET | TADORESS | | |
| CITY - ST - ZIP | BAY SHORE, NY 11 | | CITY - 8 | ST - ZIP | | _ |
| an officer o | orthy that the information supplied with indicated on this report or supplement or director of the corporation or the rec Block 11 or on an attachment of the an | eiver or trustee empowe | red to avec | triat my signature | n Section 119.07(3)(i), Florida Statutes. I further c e shall have the same legal effect as if made under required by Chapter 607, Florida Statutes; and the | ertify that the er oath; that I am nat my name |
| SIGNATU | | ue | WILL: | IAM PETE | ERSEN 3/10/02 | |
| | SIGNATURE AND TYPED OR P | RINTED NAME OF SIGNING | OFFICER (| OR DIRECTOR | Date Davimo Phy | |