

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000003558**1. Entity Name
YOMAMA INC.

Principal Place of Business

3057 FAIRFAX AVE.

SAN JOSE
95148

CA

Mailing Address

3057 FAIRFAX AVE.

SAN JOSE
95148

CA

2. Principal Place of Business

12 BERWICK CIRCLE

3. Mailing Address

3057 FAIRFAX AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SHALIMAR

FL

City & State

SAN JOSE

CA

Zip
32579Country
USZip
95148Country
US

4. FEI Number

94-3363702

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SWORTWOOD ROBERT
12 BERWICK CIRCLESHALIMAR
32579

FL

US

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

02/16/2001

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, 2001 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

TITLE	ST	<input type="checkbox"/> Delete
NAME	SWORTWOOD WILLIAM H	
STREET ADDRESS	3057 FAIRFAX AVE.	
CITY-ST-ZIP	SAN JOSE CA 95148	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWORTWOOD SAMANTHA	
STREET ADDRESS	12 BERWICK CIRCLE	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	WARWICK SHARON C	
STREET ADDRESS	2582 MERLOS LANE.	
CITY-ST-ZIP	LIVERMORE CA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SWORTWOOD DOLORES G	
STREET ADDRESS	3057 FAIRFAX AVE.	
CITY-ST-ZIP	SAN JOSE CA 95148	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
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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	

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: William H. Swortwood

ST

02/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)