NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am **Secretary of State** DOCUMENT # N99000007420 02-17-2002 90036 032 ****61.25 Diamond Aces, Inc. 844400 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1420 Templemore OK FI Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 59-3618681 Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) remplembr IN THIS SPACE 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 Make Check Payable to FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR 10. OFFICERS AND DIRECTORS CR2E037B (12/01) TITLE TITLE Snyder, David R. NAME NAME STREET ADDRESS STREET ADDRESS 1420 Templemore Dr. CITY-ST-ZIP CITY-ST-ZIP Contament FL 32533 NAME Snyder, Susan NAME STREET ADDRESS STREET ADDRESS 1420 Templemore CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 3 nyder, Shay NAME NAME 1420 Templemore STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-7IP antonment TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attack. attachment with an address, with all other like empowered

SIGNATURE: