

7/21/2003-90127-048-\$150.00-\$150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 SEP 29 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043860			
1. Entity Name DIAMOND COMMUNICATIONS, INC.			
Principal Place of Business 468 WOODBURY PINES CIRCLE ORLANDO, FL 32828		Mailing Address 7802 KINGSPONTE PARKWAY SUITE 205 ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-3653498		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SADAQA, OSAMA 612 CEDAR BEND CIRCLE, APT. 101 ORLANDO, FL 32826		Name Sadaqa, Osama Street Address (P.O. Box Number is Not Acceptable) 468 Woodbury Pines Circle City Orlando FL Zip Code 32828	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when submitting)			
FILING FEE: \$150.00 (After May 1st 2003 Fee will be \$550.00) Anticipated UBR is \$81.25 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALONI, NUHA L S 612 CEDAR BEND CIRCLE, APT. 101 ORLANDO, FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 468 Woodbury Pines Circle Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800023401098 09/29/03--01061--015 **400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		407/240-8693	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)