

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100710

1. Entity Name

DIAMOND VIDEO, INC.

Principal Place of Business

8321 73RD CT N
PINELLAS PARK FL 33781

Mailing Address

8321 73RD CT N
PINELLAS PARK FL 33781

2. Principal Place of Business

8321-73rd CT. N.

Suite, Apt. #, etc.

PINELLAS PARK FL

City & State

3. Mailing Address

8321-73rd CT. N.

Suite, Apt. #, etc.

PINELLAS PARK, FL

City & State

Zip

33781

Country

PINELLAS

Zip

33781

Country

PINELLAS

6. Name and Address of Current Registered Agent

SUBRAMANIAN, ARUNACHALAM
8321 73RD CT N
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

ARUNACHALAM SUBRAMANIAN

Street Address (P.O. Box Number is Not Acceptable)

8321-73rd CT. N.

PINELLAS PARK, FL

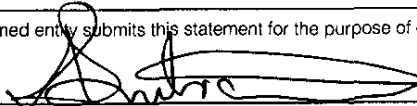
City

FL

Zip Code

33781

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:  ARUNACHALAM SUBRAMANIAN PRESIDENT 01/09/01

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

(NOTE: Registered Agent signature required when reinstating)

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: ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SUBRAMANIAN, ARUNACHALAM	
STREET ADDRESS	8321 73RD CT N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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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
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:  ARUNACHALAM SUBRAMANIAN 01/09/01 727-547-4874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90058 034 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)