2001 UNIFORM BUSINESS REPORT (UBR)

May 29, 2001 8:00 am Secretary of State DOCUMENT # P00000114020 1. Entity Name DIAMOND FOCUS PTY, INC. 04-27-2001 90403 018 ***150.00 Principal Place of Business Mailing Address 6808 WOOD MEADOW LOOP 6608 WOOD MEADOW LOOP **BRADENTON FL 34202** BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1062188 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUTHERLAND, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 6608 WOOD MEADOW LOOP **BRADENTON FL 34202** Zip Code City 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. Signeture, typed or printed name of registered agent and title if applicable. INOTE: Facilitated Agent signature required when re-FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition Delete TITLE TITLE D NAME SALA, MITCH NAME STREET ADDRESS STREET ADDRESS UNIT 35 NO 7 ANELLA AVE CASTLE HILL CITY-ST-ZIP CITY-ST-ZIF NSW 2153 AUSTRALIA ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME SALA, DEIDRE STREET ADDRESS STREET ADDRESS UNIT 35 NO 7 ANELLA AVE CASTLE HILL CITY-ST-ZIP CITY-ST-ZIF NSW 2153 AUSTRALIA **Addition** ☐ Change TRIBAS TITLE アスピイシ ☐ Delete TITLE LAWRIENCIS SUTHIERLAND NAME NAME LAWRIE 6608 WOOD MISADOW LOOP STREET ADORESS STREET ADDRESS CITY-ST-ZIP BRAPBNTON, FL 34202 CITY-ST-ZE TITL F ☐ Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY ST. 7/P CITY-ST-ZIP ☐ Change ☐ Addition TM £ ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-23-2001

4/2'