**FILED** 

| UN   | IFORM BUSIN  | SS               | REPORT   | T <sub>A</sub> UBF                    | t)                                  |               | Sep 11, 200   | 3 8:00      | 0 <sub>a</sub> m            |  |
|--|--|------------------|--|---------------------------------------|-------------------------------------|---------------|---|-------------|-----------------------------|--|
| 1. Entity Nan  | MENT # P0100<br>NTERPRISES, INC.   | 005              | 2372   |                                       |                                     |               | Secretary<br>09-11-2003 90096                         |             |                             |  |
| Principal Place of Business<br>1564 SILVERBELL LANE<br>ORANGE PARK FL 32003  |  |                  | Mailing Address<br>C/O YU D. HAN. C.P.A.<br>4401 EMERSON STREET. SU<br>JACKSONVILLE FL 32207 |                                       | NTE 8                               |               |   |             |                             |  |
| 2. Principal F<br>Suite, Apt.  | Place of Business #. etc.  | 1020             | 3. Mailing Address i 0 2 0 - 8 EDG FW00 D AVE N Suite, Apt. #, etc.                          |                                       |                                     | _             |   |             |                             |  |
|  |  | _                |  |                                       |                                     |               | CHECK HERE IF MAKI                                    | NG CHANGES  |                             |  |
| City & Stat  | te   | JA:              | & State<br>KSONVICE  | FL                                    |                                     | 4, FEI        | Number <b>59-3724016</b>                              | No          | pplied For<br>ot Applicable |  |
| Zip  | Country  | Zip              | 254_   | Country                               |                                     | <b>5.</b> Cer | tificate of Status Desired                            | \$8.75 Add  |                             |  |
|  | 6. Name and Address of Current   | Registere        | d Agent  | =(V=2>*/=                             |                                     | 7. Nan        | ne and Address of New Registers                       |             |                             |  |
| SUITE 8  | rson street  |                  |  |                                       | <u>50N6</u><br>Address (F<br>_0 - 8 | O. Box        | HAE M<br>Number is Not Acceptable)<br>OG EWOOD AVENUE | F- N        |                             |  |
| JACKSON  | WILLE FL 32207   |                  |  | City                                  | JACK                                | <br>Cant V    | rue F   | Zip Cod     | e_/i_                       |  |
| the obligation of the obligati | e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$550.00 | and title if app | SonG,  |                                       | м. Pj                               | RESIL         | OFWT 9/7/2  | .003        | May Be                      |  |
|  | ptember 10, 2003 Fee will be \$750<br>k Payable to Florida Department o  |                  |  |                                       |                                     |               | Trust Fund Contribution.                              | ☐ Added     | I to Fees                   |  |
| 10.  | ) OFFICERS AND   | DIRECTO          | RS   | 11.                                   |                                     | ADDIT         | TIONS/CHANGES TO OFFICERS A                           | ND DIRECTOR | S IN 11                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PSD<br>SONG, CHAE M<br>1564 SILVERBELL LANE<br>ORANGE PARK FL 32005  | ,                | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                     |               |   | ☐ Change    | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VD<br>SONG, DIANE<br>1564 SILVERBELL LANE<br>ORANGE PARK FL 32005  |                  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                     |               |   | ☐ Change    | Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | <del></del>      | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                     |               | · ·   | ☐ Change    | Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | •                | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                     |               |   | ☐ Change    | ☐ Addition i                |  |
| 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

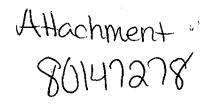
CITY-ST-ZIP

☐ Delete

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Change

☐ Addition



September 7, 2003

DIVISION OF CORPORATION UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500

TALLAHASSEE, FL. 32302-1500

DOC #: P01000052372

DIANE ENTERPRISES, INC.

## Dear Sir or Madam:

I have not received prior notices. I am sending 2003 UBR and \$150.00 check. Please wave the penalty of \$400.00.

As shown 2003 UBR, I am changing my mailing address and registered agent.

If you need to contact me, I may be reached during working hours at (904) 264-4039. We appreciate very much your immediate attention to this matter and we await your response.

Sincerely,

Song, Chae M.

President

1020-8 Edgewood Avenue N. Jacksonville, FL 32254