2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003
Secretary of State

DOCUMENT# P01000076086

Entity Name: DMI MEETINGS, INC.

Current Principal Place of Business:

2105 SPRING HARBOR DRIVE
SUITE I
DELRAY BEACH, FL 33445

New Principal Place of Business:

100 EAST LINTON BLVD
SUITE 121-B
DELRAY BEACH, FL 33483

Current Mailing Address:

2105 SPRING HARBOR DRIVE
SUITE I
DELRAY BEACH, FL 33445

New Mailing Address:

100 EAST LINTON BLVD
SUITE 121-B
DELRAY BEACH, FL 33483

FEI Number: 65-1130527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUPONT, COLLEEN
2105 SPRING HARBOR DRIVE
SUITE I
DELRAY BEACH, FL 33445

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VPST	( ) Delete
Name:	DUPONT, COLLEEN	
Address:	2105 SPRING HARBOR DRIVE, SUITE I	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	BM	( ) Delete
Name:	JOHNSON, PARVIN J JR	
Address:	3451 NORTH MERIDIAN AVE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	P	( ) Delete
Name:	DUPONT, ANTOINE	
Address:	2105 SPRING HARBOR DR, STE I	
City-St-Zip:	DELRAY BEACH, FL 33445	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VPST	(X) Change ( ) Addition
Name:	DUPONT, COLLEEN	
Address:	100 EAST LINTON BLVD - SUITE 121-B	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	DUPONT, ANTOINE	
Address:	100 EAST LINTON BLVD - SUITE 121-B	
City-St-Zip:	DELRAY BEACH, FL 33483	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOINE DUPONT P 02/11/2003

Electronic Signature of Signing Officer or Director — Date