2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000076995

FILED Jan 04, 2003 Secretary of State

Entity Name: GLOBAL VACATION DISCOUNT NETWORK, INC.

Current Principal Place of Business: New Principal Place of Business: 3246 RIVERVIEW LN. 3246 RIVERVIEW LN. DAYTONA BEACH, FL 321186218 PORT ORANGE, FL 321276269 **Current Mailing Address: New Mailing Address:** 3246 RIVERVIEW LN. 3246 RIVERVIEW LN. DAYTONA BEACH, FL 321186218 PORT ORANGE, FL 321276269 FEI Number: 26-5362322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MITCHELL, JEROME D ESQ RIGGIO & MITCHELL, P.A. 400 S. PALMETTO AVE. DAYTONA BEACH, FL 32114 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition JONES, BART Name: Name: JONES, DIANNE L 3246 RIVERVIEW LN. 3246 RIVERVIEW LN. Address: Address: City-St-Zip: DAYTONA BEACH, FL 321276269 City-St-Zip: PORT ORANGE, FL 321276269 Title: Title: () Delete () Change () Addition Name: MITCHELL, JEROME D Name: 3246 RIVERVIEW LN. Address: Address: DAYTONA BEACH, FL 321276269 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition MITCHELL, JEROME D Name: Name: 3246 RIVERVIEW LN. Address: Address: City-St-Zip: DAYTONA BEACH, FL 321186218 City-St-Zip:

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: DIANNE L JONES DP 01/04/2003