

5/27/02

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90280 014 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000080390**  
1. Entity Name  
**DIAMOND ROAD, INC.**

Principal Place of Business      Mailing Address  
**C/O JEFF HANSON MANAGEMENT AND PROMOTIONS**      **C/O GARRY D. WHITFIELD, CPA**  
**15 S. ORANGE AVE.**      **1261 LINCOLN AVE.**  
**ORLANDO FL 32801**      **SAN JOSE CA 95125**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-3743588**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCNEELY, ROBERT A ESQ.**  
**MCFARLAIN & CASSEDY, P.A.**  
**215 S. MONROE ST., STE. 800**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number Is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D President</b>	<input type="checkbox"/> Delete
NAME	<b>STAPP, SCOTT</b>	
STREET ADDRESS	<b>15 S. ORANGE AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>TREMONTI, MARK</b>	
STREET ADDRESS	<b>15 S. ORANGE AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, SCOTT</b>	
STREET ADDRESS	<b>15 S. ORANGE AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>Garry Whitfield</b>	
STREET ADDRESS	<b>1261 Lincoln Avenue, Suite 216</b>	
CITY-ST-ZIP	<b>SAN JOSE, CA 95125</b>	
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"/> 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
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 filers empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**      **408 7923064**  
Date      Daytime Phone #

CR2E034 (9/01)