FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State

05-17-2002 90035 021 ***150.00

DOCUMENT# 1. Entity Name Davien port	P01000084130 Brands, Inc.	
	1996 VII. 2010 10 10 10 10 10 10 10 10 10 10 10 10	

2 Principal	DO NOT WRITE		SPACE		
5748		3. Mailing Address	Mining Terrace	1	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	ming Rive	DO NOT WRITI	E IN THIS SPACE
City & Sta		City & State		4. FEI Number	100000
Jacks	Sanville, FL Country	Jacksony		59-3750040	Applied For Not Applicable
Jaa.	57 US	3 3 3 3	Country US	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name	7. Name and Address of Current R	legistered Agent
	DO NOT W		<u> </u>	resa M. Kenny	<i>-</i>
	원 아니 아이들이 아니라 아니라 하는 아니라 나를 살았다. 사회		Street Address (PO Boy Number is Not Assessable)	Si Morgan AA
	IN THIS SP	ACE	10110		, ,
And Very		n quitabantan ar ar 1917. Baranan ar ar 1917.	City	Jan Jose Blue	
8. The above	named entity submits this statement for	the purpose of changing	its registered office or resistant	sonville	
		and perpendicularity in grant of the perpendicularity of the perpendicularity in the perpendicularity	ing registered office of registere	ed agent, or both, in the State of Florid	da.
SIGNATURE	Signature, typed or printed name of registered agent an				
0 This			OTE: Registered Agent signature required	when reinstating)	DATE
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After Ma	May 1, Fee is \$150.00 ay 1, Fee is \$550.00 fed UBR is \$61.25	10. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees
11.	OFFICERS AND D	IRECTORS	able to Department of Stat	O Maria de la compania del compania de la compania del compania de la compania del compania de la compania del compania de la compania del	ANT ASSIST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deffrey S. Dame 5748-4 Mining Te Jacksonville, FL	rrace 32357	NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT V	/RITE
TITLE NAME STREET ADDRESS C/TY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SI	
TITLE NAME STREET ADDRESS DITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE HAME STREET ADDRESS DITY-ST-ZIP		·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
iC. I hereby ce indicated of the corporalischment	rtify that the information supplied with this n this report or supplemental report is tru- pration or the receiver or trustee empower with an address with all other like access.	s filipg does not qualify to e and accurate and that r ered to execute this repo	r the exemption stated in Section	on 119.07(3)(i), Florida Statutes. I furt ne legal effect as if made under oath: Florida Statutes: and that my name	her certify that the information that I am an officer or director

attachment with an address, with all other like