FILED Jun 24, 2002 8:00 am Secretary of State

FOR F	PROFIT CORPORATION
UNIFORM	BUSINESS REPORT (UBR)
CHMENT #	Palando adon

101000911936 06-24-2002 90299 011 ***150.00 DIVE -BOST. Com, INC 969440 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 621 S& TE 3. Mailing Address BOX 5032 Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State & sect Applied For FEXHELD Not Applicable 233060 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Name SCHKINOON DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE egistered agent and title if applicable (NOTE Registered Agent ragnature required when reinstating) 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Tax filing requirement and elects to do so. 10. Election Campaign Financing (See criteria on back) \$5.00 May Be Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITL F IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an SIGNATURE:

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1000000574233 DIVE -BOST. Com, INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DAY 5032 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FENNumber 65-1145430 Despert burect Applied For 273060 Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent SCHKOROON DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable IN THIS SPACE gits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE agent and tile if applicable (NOTE: Registered Agent agnature required when reinstating) 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Tax filing requirement and elects to do so. 10. Election Campaign Financing (See criteria on back) \$5.00 May Be Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP DO NOT WRITE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I nereby 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 on an SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR