2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State DOCUMENT # P93000050601 1. Entity Name DIAMONDBACK INVESTORS, INC. 05-14-2002 90068 034 ***150 00 Principal Place of Business Mailing Address 3020 HARTLEY RD. 3020 HARTLEY RD. SUITE 300 SUITE 300 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3196067 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **"如果我们在**我们的 Name FARRELL, MARK T. FROE PO Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY ROAD STE 300 JACKSONVILLE FL 32257 City 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 PORSONNET HIS IN SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition ROOD, JOHN D NAME NAME STREET ADDRESS 3020 HARTLEY ROAD, STE 300 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE **VPS** ☐ Delete TITLE ☐ Addition NAME : FARRELL, MARK T NAME STREET ADDRESS 3020 HARTLEY ROAD, STE 300 STREET ADORESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-7IP Delete TITLE TITLE Change Addition NAME SMITH, BERNARD E NAME STREET ADDRESS 3020 HARTLEY ROAD, STE 300 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F ☐ Delete TITLE ☐ Change ☐ Addition -33) (NOTED) FOO, SIE 30) NAME NEW THE N 31:57 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 of 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 like empowered. Mark T. Farrell April 19, 2002 (904) 260-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #