2003 FOR PROFIT CORPORATION

FILED Apr 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P93000069890 DOCUMENT # 1. Entity Name 04-02-2003 90097 013 ***150.00 DADDY'S DIVERSION, INC. Mailing Address Principal Place of Business PO BOX 643607 PO BOX 643607 VERO BEACH FL 32964 VERO BEACH FL 32964 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0448900 Not Applicable Zip Country Zip 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 Name PATTON, CATHY LYNN Street Address (P.O. Box Number is Not Acceptable) 1725 SAND DOLLAR WAY VERO BEACH FL 32963 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change NAME PATTON. CATHY LYNN NAME STREET ADDRESS 1725 SAND DOLLAR WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete — ~ TITLE~ ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE. NAME NAME

12. 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 10 or Block 11 if changed, or on an attacl

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP