2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State P95000066497 DOCUMENT # 1. Entity Name 05-19-2002 90188 008 ***150.00 DIAMOND MOTOR SPORTS, INC. Principal Place of Business Mailing Address 2280 10TH STREET, SOUTHEAST 2290 10TH STREET. SOUTHEAST 965143 LARGO FL 33771 LARGO FL 33771 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 59-3337581 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 DIAMOND, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 2280 10TH STREET SE LARGO FL 33771 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE □ Delete TITLE Change Change ☐ Addition DIAMOND, ROBERT F NAME NAME 2280 10TH STREET, SOUTHEAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME DIAMOND, ROBERT F II NAME STREET ADDRESS 2280 10TH STREET, SOUTHEAST STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 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 TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

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

FILED