04/30/2002 13:57 FAX 9042624585 BEIR&FISCHER

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90040 015 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035632

1. Entity Name
DIVERSE COMMUNICATIONS, INC

662636

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
RT 3 BOX 1612B
Suite, Apt. #, etc.
City & State: STARKE FLORIDA
Zip: 32091 Country: US

3. Mailing Address
RT 3 BOX 1612 B
Suite, Apt. #, etc.
City & State: STARKE FLORIDA
Zip: 32091 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3505890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: GRIFFIS, DOYCE D
Street Address (P.O. Box Number is Not Acceptable): RT 3 BOX 1612B
City: STARKE FL Zip Code: 32091

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P/S T	
NAME GRIFFIS DOYCE D	
STREET ADDRESS RT 3 BOX 1612 B	
CITY-ST-ZIP STARKE FL 32091	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E093 (12/01)

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 attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #