

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90077 001 ***150.00

UBR2003 AV

DOCUMENT # P99000000270



1. Entity Name
THL DIAMOND PRODUCTS, INC.

Principal Place of Business
437 E. ATLANTIC BLVD.
#1A
POMPANO BEACH FL 33060

Mailing Address
437 E. ATLANTIC BLVD.
#1A
POMPANO BEACH FL 33060



2. Principal Place of Business
312 S. Powerline Rd
Suite, Apt. #, etc.

3. Mailing Address
312 S. Powerline Rd
Suite, Apt. #, etc.

- CHECK HERE IF MAKING CHANGES

City & State
Deerfield Beach, FL
Zip 33442 Country USA

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Deerfield Beach, FL
Zip 33442 Country USA

4. FEI Number 65-0886547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, FREDERICK
437 E. ATLANTIC BLVD.
#1A
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name THOMPSON, Frederick
Street Address (P.O. Box Number is Not Acceptable)
312 S. Powerline Rd
City Deerfield Beach FL Zip Code 33442

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election: Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	0	<input type="checkbox"/> Delete
NAME	THOMPSON, FRED	
STREET ADDRESS	437 E ATLANTIC BLVD STE 1A	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Fred	
STREET ADDRESS	312 S. Powerline Rd	
CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* ORIGINAL SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03

954-596-5012

Date Daytime Phone #

CR2E034 (10/02)