## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000108631

Entity Name: D.I.A. MARKETING, INC.

Address:

City-St-Zip:

14001 NW 4TH ST

SUNRISE, FL 33325

FILED Apr 15, 2003 Secretary of State

Entity Name: D.I.A. MARKETING, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
14001 NW 4TH STREET FORT LAUDERDALE, FL 33325						
Current Mailing Address:				New Mailing Address:		
14001 NW 4TH STREET FORT LAUDERDALE, FL 33325						
FEI Number:	65-0978645	FEI Number Applied For()	FEI Num	ber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BERMAN WOLFE RENNERT VOGEL & MANDLER PA ATTN: LEON J. WOLFE, ESQ. 100 SE 2ND ST., S#3500 NATIONSBANK TOWER MIAMI, FL 33131 US				REGISTERED AGENTS OF FLORIDA LLC 29TH FLOOR BANK OF AMERICA TOWER 100 SE 2ND STREET MIAMI, FL 33131 US		
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: CHARLES J. RENNERT					04/15/2003	
	Electroni	c Signature of Registered Agen	it		Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () KORNBLUM, JE NW 4TH ST FORT LAUDERD			Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EZEKIEL, IRENE 14001 NW 4 ST			Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () ARRASCAETA, ( 14001 NW 4TH FORT LAUDERE	ST.		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name:	DT () KORNBLUM, AM	Delete IERISA		Title: ( ) Name:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GRACE ARRASCAETA S 04/15/2003