2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	MENT # F98000 DIA TRAVEL COMPANY, INC		•	Secretary 0: 08-01-2001 90202 019	f State	
Principal Place of Business 25 DAVS BLVD. TAMPA FL 33606-3499		Mailing Address 25 DAVS BLVD. TAMPA FL 33606-3499		C0074732		
2. Principal Place of Business		3. Mailing Address			8 4 151 6 1011 10 14 5 11 401 9 151 1 59 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 13-3579306	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent			<u> </u>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	City FL Zip Code		
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.		
Tax filing	Signature, typed or printed name of registered agent a oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After September 12	Pregistered Agent signature requirements of the Pregistered Agent signature requirements of State 1 and 1 an	10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
11.	OFFICERS AND (DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AJAY KERKAR, PETER AIIT GORDON HOUSE 10 GREENCOA' LONDON SW1P 1PH ENGLAND	□ Delete T PLACE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYRICK GOOD, ANTHONY BRUT GORDON HOUSE 10 GREENCOA' LONDON SW1P 1PH ENGLAND		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARING, NATHANIEL 25 DAVS BLVD. TAMPA FL 33606-3499	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second of the second o	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
13. I hereby of indicated of the corchanged	certify that the information supplied with it on this report or supplemental report is roration or the receiver or trustee empore, or on an attactiment with in address,	this filing does not qualify for true and accurate and that m weget to execute this report a litt fil other like empowered.	the exemption stated in S by signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further ca e same legal effect as if made under oath; that I 17, Florida Statutes; and that my name appears	ertify that the information am an officer or director in Block 11 or Block 12 if	

SIGNATURE:

COTOLNIATHANIEC WARING

813-258-1049