

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90142 020 ***150.00

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DOCUMENT # P00000093325



1. Entity Name
DIVA PUBLISHING, INC.

Principal Place of Business
1421 COLONIAL DR.
TALLAHASSEE FL 32303

Mailing Address
PO BOX 16025
TALLAHASSEE FL 32317-6025

2. Principal Place of Business
1451 MARKET ST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 16025
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE, FL
Zip
32312
Country
LEON

City & State
TALLAHASSEE, FL
Zip
32317
Country
USA

4. FEI Number 59-3675792
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, DANA
3116-B THOMASVILLE RD.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name DANA DAVIS
Street Address (P.O. Box Number is Not Acceptable)
1451 MARKET ST
City TALLAHASSEE FL Zip Code 32312

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 *Dana Davis*

DATE 1/19/03

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	D	<input type="checkbox"/> Delete
NAME	DAVIS, DANA	
STREET ADDRESS	1421 COLONIAL DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 an other like empowered.

SIGNATURE: *Dana Davis* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/19/03

DATE

906-9966

Daytime Phone #

CR2E034 (10/02)