FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F9600002098 (9)

DIVA ACQUISITION CORP

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business 52-16 BARNETT AVE LONG ISLAND CITY NJ 11104 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Q4/26/1996 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 11-3313622 Not Applied For 11-3313622 Not Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Zip Country Applied For 11-3313622 Not Applied For Fee Required 6. Certificate of Status Desired Trust Fund Contribution Added to Fees Added to Fees This corporation owes or has paid the current year Intangible						
LONG ISLAND CITY NJ 11104 LONG ISLAND CITY NJ 11104 2. Principal Place of Business 2. Business 2. Business 2. Country 3. Business 2. Country 3. Business 3. Bus	Principal Place of Business Mailing Address					
Principal Place of Business 2a Mailing Address 4. FEI Number Applied For Nox Applicable Suite Apt #, etc. Suite	1					
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SUITO, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address					
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City & State 28 City & State City & Country City City	Suite, Apt.	#, G tG.	- 			E Cartificate of Status Desired M
Zip	City & State	9	— ·			
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 181 Name 2 Street Address (P.O. Box Number is Not Acceptable) 192 Street Address (P.O. Box Number is Not Acceptable) 193 Street Address (P.O. Box Number is Not Acceptable) 194 City FL St Zip Code 195 Zip Code 196 City FL St Zip Code 197 Street Address (P.O. Box Number is Not Acceptable) 198 Victor V		Country		Coun	lry	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 82	24	25	29	30		Personal Property Tax due June 30. Yes No
TALLAHASSEE FL 32301 B2 Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Curre	nt Registered Agent		<u> </u>	10. Name and Address of New Registered Agent
TALLAHASSEE FL 32301 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am femiliar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, hyerd or printed name of registered agent and lite if applicable. (NOTE Registered Agent Signature Integrated			NY	1	name	
88				[6	Street A	address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and little if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DCP MADDEN, STEVEN 12 NAME STREET ADDRESS 52-16 BARNETT AVE LONG ISLAND CITY NJ 11104 14 city's:1-Zip LONG ISLAND CITY NJ 11104 22 NAME STREET ADDRESS 52-16 BARNETT AVE 23 STREET ADDRESS CITY-51-Zip LONG ISLAND CITY NJ 11104 24 city's:1-Zip DELETE 31 Inte DELETE 31 Inte DELETE 31 Inte Change Addition Change Addition Change Addition AMME STREET ADDRESS CITY-51-Zip DELETE 31 Inte Change Addition Change Addition Addition AMME STREET ADDRESS CITY-51-Zip DELETE 31 Inte Change Addition Addition Addition AMME STREET ADDRESS CITY-51-Zip DELETE 31 Inte Change Addition Addition Addition AMME STREET ADDRESS CITY-51-Zip DELETE 31 Inte Change Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-51-Zip DELETE ATTIEL ADDRESS CITY-51-Zip Addition	j '^	EPHILIPOPE I E OFFICE		8	13	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, and familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent thin, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the agent for agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent to agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent				1	14 City	FI 85 Zip Code
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyred or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstalling) DATE	44. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above parted corporation submits this statement for the purpose of changing its register					
Signature, typed or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when reinstalling) DATE	office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was gations of, Section 607.0505, Fl	autnorized orida Statu	by the corpores	oration's board of directors. I hereby accept the appointment as registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DCP DELETE 1.1 TITLE CHANGE NAME MADDEN, STEVEN 12 NAME STREET ADDRESS 52-16 BARNETT AVE 1.3 STREET ADDRESS LONG ISLAND CITY NJ 11104 14 CITY-SI-ZIP TITLE ST DELETE 2.1 TITLE CHANGE Addition NAME DHARIA, ARVIND 22 NAME STREET ADDRESS 52-16 BARNETT AVE 2.3 STREET ADDRESS LONG ISLAND CITY NJ 11104 2.4 CITY-SI-ZIP TITLE ST DORESS 52-16 BARNETT AVE 2.3 STREET ADDRESS LONG ISLAND CITY NJ 11104 2.4 CITY-SI-ZIP TITLE ST STREET ADDRESS S	SIGNATURE	Characters a most or printed poors of registered as	ant and little if analyzable /NO1	F. Seniclered	and signalure F	required when reinstaling) DATE
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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 informatic indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

2/10/00