


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90002 040 \*\*\*158.75

<b>DOCUMENT # F96000002098</b> 1. Entity Name <b>DIVA ACQUISITION CORP</b>																																																																																																					
Principal Place of Business <b>52-16 BARNETT AVE ATTN: ALAN ROY REMULAR LONG ISLAND CITY, NY 11104 US</b>			Mailing Address <b>52-16 BARNETT AVE ATTN: ALAN ROY REMULAR LONG ISLAND CITY, NY 11104 US</b>																																																																																																		
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		Zip																																																																																																	
				Country																																																																																																	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																					
			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																		
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">ST DHARIA, ARVIND</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>52-16 BARNETT AVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LONG ISLAND CITY, NY 11104</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>CEOD JAMIESON, KARSON</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>52-16 BARNETT AVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LONG ISLAND CITY, NY 11104</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D COOPER, MARC</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>52-16 BARNETT AVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LONG ISLAND CITY, NY 11104</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D KOPPELMAN, CHARLES</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>52-16 BARNETT AVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LONG ISLAND CITY, NY 11104</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D MIGLIORINI, PETER</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>52-16 BARNETT AVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LONG ISLAND CITY, NY 11104</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Coo SINHA, ANADHESH</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>52-16 BARNETT AVENUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LONG ISLAND CITY, NY 11104</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D SCHMERTZ, ROBERT</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>52-16 BARNETT AVENUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LONG ISLAND CITY, NY 11104</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	ST DHARIA, ARVIND	<input type="checkbox"/> Delete	NAME	52-16 BARNETT AVE		STREET ADDRESS	LONG ISLAND CITY, NY 11104		CITY- ST- ZIP			TITLE	CEOD JAMIESON, KARSON	<input type="checkbox"/> Delete	NAME	52-16 BARNETT AVE		STREET ADDRESS	LONG ISLAND CITY, NY 11104		CITY- ST- ZIP			TITLE	D COOPER, MARC	<input type="checkbox"/> Delete	NAME	52-16 BARNETT AVE		STREET ADDRESS	LONG ISLAND CITY, NY 11104		CITY- ST- ZIP			TITLE	D KOPPELMAN, CHARLES	<input checked="" type="checkbox"/> Delete	NAME	52-16 BARNETT AVE		STREET ADDRESS	LONG ISLAND CITY, NY 11104		CITY- ST- ZIP			TITLE	D MIGLIORINI, PETER	<input type="checkbox"/> Delete	NAME	52-16 BARNETT AVE		STREET ADDRESS	LONG ISLAND CITY, NY 11104		CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	Coo SINHA, ANADHESH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	52-16 BARNETT AVENUE		STREET ADDRESS	LONG ISLAND CITY, NY 11104		CITY- ST- ZIP			TITLE	D SCHMERTZ, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	52-16 BARNETT AVENUE		STREET ADDRESS	LONG ISLAND CITY, NY 11104		CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. <u>ARVIND DHARIA</u> <u>Arvind Dharia</u> <u>(918) 308 7723</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																					

40098811



06212006 Chg-P CR2E034 (11/05)

4. FEI Number  
**11-3313622**

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

# ATTACHMENT

40098811



Steven Madden, Ltd. 52-16 Barnett Ave. Long Island City, N.Y. 11104  
Phone 718-446-1800 Fax 718-446-5599

June 21, 2006

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

RE: DIVA ACQUISITION CORP - F96000002098

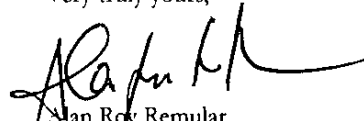
Please be informed that we did not receive the 2006 Uniform Business Report prior notice. I, therefore, request that the late fee be waived. Thank you so much for your consideration.

Also, I am enclosing a check in the amount of \$158.75 representing the fee for the filing of the annual report/Uniform Business Report broken down as follows:

Filing Fee	\$150.00
Certificate of Status	<u>8.75</u>
Total	\$158.75
	=====

Thank you so much for your assistance.

Very truly yours,

  
Alan Roy Remular  
Corporate Asst Controller

Encl.



**madden  
mens**

 **candie's**

**l.e.i.**  
be strong. be intelligent.

**UNIONBAY**

**STEVEN**

**ADESSO-MADDEN**

