

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90055 038 ****50.00

DOCUMENT # L06000077963					
1. Entity Name DIGA ENTERTAINMENT, LLC					
Principal Place of Business 2900 S.W. 28TH TERRACE, 5TH FLOOR MIAMI, FL 33133			Mailing Address 2900 S.W. 28TH TERRACE, 5TH FLOOR MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5338381	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTIN, NICHOLAS E 2900 S.W. 28TH TERRACE, 5TH FLOOR MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PASTOR, FRANCIS P.O. BOX 402561 MIAMI BEACH, FL 331400561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GACCIONE, RICHARD 430 ORIENTA AVE. MAMARONECK, NY 10543	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SMITH, STEVE 16950 N. BAY ROAD, UNITE 2101 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:				Date: 7/30/07 Daytime Phone #: 305-271-3666	