

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004730

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** DIVERTAVISION, INC.**Current Principal Place of Business:**PO BOX 510024  
MIAMI, FL 331510024**New Principal Place of Business:****Current Mailing Address:**PO BOX 510024  
MIAMI, FL 331510024**New Mailing Address:****FEI Number:** 65-1105034**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MINTZE, BRENDA J  
9580 W FERN LN  
MIRAMAR, FL 33025 US**Name and Address of New Registered Agent:**MINTZE, BRENDA J  
3350 NW 210TH TERR  
CAROL CITY, FL 33055 US

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.

SIGNATURE: BRENDA J MINTZE

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/D ( ) Delete  
Name: COLEMAN, ANTHONY R SR  
Address: 18314 NW 68TH AVE, APT F  
City-St-Zip: HIALEAH, FL 33015 US

Title: M/D ( ) Delete  
Name: MINTZE, BRENDA J  
Address: 9580 W FERN LN  
City-St-Zip: MIRAMAR, FL 33025 US

Title: S ( ) Delete  
Name: PINCKNEY, SUSAN  
Address: 11100 SW 120TH ST  
City-St-Zip: MIAMI, FL 33176 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/D (X) Change ( ) Addition  
Name: COLEMAN, ANTHONY R SR  
Address: 9580 W FERN LN  
City-St-Zip: MIRAMAR, FL 33025 US

Title: M/D (X) Change ( ) Addition  
Name: MINTZE, BRENDA J  
Address: 3350 NW 210TH TERR  
City-St-Zip: CAROL CITY, FL 33056 US

Title: T (X) Change ( ) Addition  
Name: PINCKNEY, SUSAN  
Address: 11100 SW 120TH ST  
City-St-Zip: MIAMI, FL 33176 US

Title: S ( ) Change (X) Addition  
Name: GONZALEZ, RITA  
Address: 470 E 52ND ST  
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY R COLEMAN

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date