2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N00000004730

Entity Name: DIVERTAVISION, INC.

Current Principal Place of Business:

PO BOX 510024
MIAMI, FL 331510024

New Principal Place of Business:

3350 NW 210TH TERR
MIAMI, FL 33056

Current Mailing Address:

PO BOX 510024
MIAMI, FL 331510024

New Mailing Address:

3350 N W 210TH TERR
MIAMI, FL 33056

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
3350 NW 210TH TERR
CAROL CITY, FL 33055 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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/D 04/14/2005
Electronic Signature of Signing Officer or Director — Date