

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004730

FILED
May 08, 2008
Secretary of State

Entity Name: DIVERTAVISION, INC.

Current Principal Place of Business:

3350 NW 210TH TERR
CAROL CITY, FL 33056

New Principal Place of Business:

Current Mailing Address:

3350 N W 210TH TERR
CAROL CITY, FL 33056

New Mailing Address:

FEI Number: 65-1105034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

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 exemption stated 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 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 SR

D/D

05/08/2008

Electronic Signature of Signing Officer or Director

Date