


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005378</b> 1. Entity Name <b>DIASPORA WORLD CINEMA, INC.</b>	
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Principal Place of Business <b>395 N.E. 21ST STREET, #502 MIAMI, FL 33137</b>	Mailing Address <b>PO BOX 01-4216 MIAMI, FL 33101</b>
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03162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>ANDERSON, ADRIAN 395 N.E. 21ST STREET, #502 MIAMI, FL 33137</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, ADRIAN 395 N.E. 21 ST., #502 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREEMAN, MONICA 395 N.E. 21 ST., #502 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEMAN, MONICA 395 N.E. 21 ST., #502 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/05-80059-025 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Monica Freeman Monica Freeman 3/17/05 305-576-9745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #