

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90067 001 \*\*\*150.00

**DOCUMENT # P00000063138**

1. Entity Name  
**DIVA NETWORK, INC.**

Principal Place of Business  
**7501 E TREASURE DR. APT 3A  
 N BAY VILLAGE FL 33141**

Mailing Address  
**7501 E TREASURE DR. APT 3A  
 N BAY VILLAGE FL 33141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10295 COLLINS AVE**  
 Suite, Apt. #, etc.  
**#104**

3. Mailing Address  
**10295 COLLINS AVE**  
 Suite, Apt. #, etc.  
**#104**

City & State  
**RAZ HARBOR, FL**  
 Zip  
**33154** Country  
**USA**

City & State  
**RAZ HARBOR, FL**  
 Zip  
**33154** Country  
**USA**

4. FEI Number **65-1019624**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CANDELA FERRO, MARIA**  
**7501 E TREASURE DR, APT 3A**  
**N BAY VILLAGE FL 33141**

**7. Name and Address of New Registered Agent**

Name  
**MARIANO GIELIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10295 COLLINS AVE #104, RAZ HARBOR**  
**FLORIDA 33154**  
 City **RAZ HARBOR** FL Zip Code **33154**

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CANDELA FERRO, MARIA</b>	
STREET ADDRESS	<b>7501 E TREASURE DR, APT 3A</b>	
CITY-ST-ZIP	<b>N BAY VILLAGE FL 33141</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ESTEBAN GIELIS, MARIANO</b>	
STREET ADDRESS	<b>7501 E TREASURE DR, APT 3A</b>	
CITY-ST-ZIP	<b>N BAY VILLAGE FL 33141</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTEBAN GIELIS, MARIANO</b>	
STREET ADDRESS	<b>10295 COLLINS AVE #104</b>	
CITY-ST-ZIP	<b>RAZ HARBOR, FL 33154</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/26/02**

DATE

DAYTIME PHONE # **1305/804-2156**

DAYTIME PHONE #

CR2E034 (9/01)