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**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|---|---|---|
| DOCUMENT # P0000063138 | |  | |
| 1. Entity Name DIVA NETWORK, INC. | | | |
| Principal Place of Business 10295 COLLINS AVENUE SUITE 104 BAL HARBOR, FL 33154 | | Mailing Address 10295 COLLINS AVENUE SUITE 104 BAL HARBOR, FL 33154 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| 4. FEI Number 65-1019624 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$9.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GIELIS, MARIAMO 10295 COLLINS AVENUE SUITE 104 BAL HARBOR, FL 33154 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing.)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CANDELA FERRO, MARIA 7501 E TREASURE DR, APT. 3A N BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ESTEBAN GIELIS, MARIANO 10295 COLLINS AVENUE - SUITE 104 BAL HARBOR, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 607, 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: _____ | | _____ <small>Signature and typed or printed name of signing officer or director</small> | |

CR2E034 (10/02)