

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90310 011 \*\*\*150.00

**DOCUMENT # P02000076441**

1. Entity Name

**DIVA DOMAIN, INC.**



Principal Place of Business  
**6299 W SUNRISE BLVD STE 202**  
**SUNRISE FL 33313**

Mailing Address  
**6299 W SUNRISE BLVD STE 202**  
**SUNRISE FL 33313**

2. Principal Place of Business

3. Mailing Address

**433 Bayberry Dr.**

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

**Plantation FL**

Zip

Country

**33317**

Country

**U.S.A.**

4. FEI Number

**42-1548152**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOBSON, FRANZ C**  
**600 N PINE ISLAND ROAD STE 450**  
**PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **DUNN, RACHEL C**  
STREET ADDRESS **6299 W SUNRISE BLVD STE 202**  
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **Karl Craig**  
STREET ADDRESS **433 Bayberry Dr**  
CITY-ST-ZIP **Plantation FL-33317**

TITLE **D** ☐ Delete  
NAME **CRAIG, CHRISTINE A**  
STREET ADDRESS **6299 W SUNRISE BLVD STE 202**  
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **Dax Dunn**  
STREET ADDRESS **433 Bayberry Dr**  
CITY-ST-ZIP **Plantation FL-33317**

TITLE **/** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)