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Secretary of State
08-22-2008 90001 001 ***550.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000050808

1. Entity Name
DIANA ENTERTAINMENT CORPORATION

40114074

Principal Place of Business	Mailing Address
1717 NORTH BAYSHORE DRIVE APARTMENT 1132 MIAMI, FL 33132 US	806 DOUGLAS ROAD, SOUTH TOWER SUITE 580 CORAL GABLES, FL 33134 US

04142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	355 Alhambra Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 801
City & State	City & State Coral Gables, FL
Zip / Country	Zip 33134 / Country US

4. FEI Number ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGISTERED AGENT CORPORATE SERVICES, INC. 806 DOUGLAS ROAD, SOUTH TOWER SUITE 580 CORAL GABLES, FL 33134	Name REGISTERED AGENT CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 355 Alhambra Circle, Suite 801 City Coral Gables FL Zip Code 33134

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] 4/10/08
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, 2008 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D, S ZUNIGA, ENRIQUE 1717 NORTH BAYSHORE DRIVE, APT. 1132 MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] Enrique Zuniga 8/20/08 786 364 8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #