

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

DOCUMENT # P98000031171  
1. Entity Name  
DIVA Entertainment, Inc.

FILED

02 OCT -2 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800008201028--3  
-10/04/02--01027--002  
\*\*\*\*550.00 \*\*\*\*550.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>180 Varick Street</u>		3. Mailing Address <u>clo &amp; management</u> <u>180 Varick Street</u>	
Suite, Apt. #, etc. <u>13<sup>th</sup> Floor</u>		Suite, Apt. #, etc. <u>13<sup>th</sup> Floor</u>	
City & State <u>New York, NY</u>		City & State <u>New York, NY</u>	
Zip <u>10014</u>	Country <u>USA</u>	Zip <u>10014</u>	Country <u>USA</u>

4. FEI Number <u>58-2416989</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

**COPY! DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Corporation Service Co.</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1201 HAYS Street</u>
City <u>Tallahassee</u> FL Zip Code <u>32301</u>

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 \_\_\_\_\_

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

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>COO/D P&amp;S Peter C. Zacharias clo &amp; management, 180 Varick St, #13 New York, NY, 10014</u>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>CFD/D + IT David Lean clo &amp; management 180 Varick St. #13 New York, NY 10014</u>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>VP + D Jeff Holand clo &amp; management 180 Varick St #13 New York, NY 10014</u>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peter C. Zacharias 212.507.6994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

7/10/2002