

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000031171**

1. Entity Name

**DIVA ENTERTAINMENT, INC.**



Principal Place of Business

**180 VARICK ST., 13TH FLOOR  
C/O Q MANAGEMENT  
NEW YORK, NY 10014**

Mailing Address

**180 VARICK ST., 13TH FLOOR  
C/O Q MANAGEMENT  
NEW YORK, NY 10014**



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2416989**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PANZA, MAURER & MAYNARD, ATTN LINDA FRAZIER  
3600 N. FEDERAL HIGHWAY  
BANK OF AMERICA BLVD., 3RD FLOOR  
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000506303  
04/27/06-80042-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP ZACHARIOU, PETER 180 VARICK ST., 13TH FLOOR NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD LEAN, DAVID 180 VARICK ST., 13TH FLOOR NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOLSRUD, JEFF 180 VARICK ST., 13TH FLOOR NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 807, 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: JEFFREY KOLSRUD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/12/06**

Date

**212-807-6777**

Daytime Phone #