

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90026 031 \*\*\*550.00

**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**

**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-P CR2E034 (10/03)

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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

**DO NOT WRITE  
IN THIS SPACE**

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: JEFFREY KOLSRUD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

**04/12/06**

Daytime Phone #

**212-807-6777**