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FORM D

### UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL

OMB Number: 3235-0076

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hours per responses ......16.00

NOTICE OF SALE OF SECURITIE

PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

	SEC USI	EONLY	
Prefix			Serial
	DATE RE	CEIVED	
	1	1	

Name of Offering ( check if this is an amendment and refiling Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment		ULOE -
	A. BASIC IDENTIFICATION DATA	03058332
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and nat Evolution Ventures, Inc. d/b/a Digital Evolution, Inc.		
Address of Executive Officers 604 Arizona Avenue 1st Floor, Santa Monica, CA 90401	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (310) 570-4120
Address of Principal Business Operations (if different from Executive Officers) Same as above	(Number and Street, City, State Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business: Creates enterprise software	which integrates various software applications	
Type of Business Organization	limited partnership, already formed limited partnership, to be formed	other (please specify): PROCESSE
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization (Enter two-le		imated MAY 2 1 Zat

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada, FN for other foreign jurisdiction) DE

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

to respond unless the form displays a currently valid OMB control number.

1 of 8

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		A. BASIC IDENI	IFICATION DATA		
2. Enter the information request	_				
		been organized within the pa		or more of a along of	equity securities of the issuer.
		ite issuers and of corporate			
<ul> <li>Each general and mana</li> </ul>	ging partner of partner	ship issuers.			<u> </u>
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				Wanaging Faither
Megasoft, L.P., a California lim Business or Residence Address		City, State, Zip Code)		·	
Dusiness of Residence Frauess	(I various and Street,	city, oute, zip code)			
c/o Eric Pulier, General Partne			M F	D Dimeter	General and/or
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or     Managing Partner
Full Name (Last name first, if inc	dividual)				
Eric Pulier					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
A121 X D 0 / 15 /					
2131 La Mesa Dr., Santa Monie Check Box(es) that Apply:	ca, CA 90402  Promoter	■ Beneficial Owner	☐ Executive Officer	Director	General and/or
Check Box(cs) that rippiy.		Denominal Owner	BACCALIVE Officer		Managing Partner
Full Name (Last name first, if inc	dividual)				
Paladin Capital Partners Fund	, L.P.	т.			
Business or Residence Address		City, State, Zip Code)			
c/o Paladin Capital Manageme	nt II C 2001 Penney	dvanja Avenue NW			
Suite 400 Washington, DC 2000					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if inc	dividual)			·	
Worldwide Investments, LLC					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Suite 777, Las Vegas,  Promoter	Nevada 89126  Beneficial Owner	Executive Officer	☑ Director	General and/or
Check Box(es) that Apply.					Managing Partner
Full Name (Last name first, if inc	dividual)				
Boutros-Ghali, Teymour					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
2441 Mandeville Canyon Road	Los Angeles CA 900	140			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or
77 11 22			·		Managing Partner
Full Name (Last name first, if inc	dividual)				
Steed, Michael					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
1452 Second Street, Santa Mon	nica, CA 90401				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or
Full Name (Last name first, if inc	dividual)	<u> </u>			Managing Partner
i un ivame (Last hame inst, il inc	uividuai)				
Corona, Greg	- <u> </u>				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
1452 Second Street, Santa Mon	nica, CA 90401				·
	(Use blank	sheet, or copy and use addi	tional copies of this sheet, a	s necessary.)	

	B:: INFORMATION ABOUT OFFERING		2,30, 4,44
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	YES	NO M
2.	What is the minimum investment that will be accepted from any individual?	\$N/A	·
3.	Does the offering permit joint ownership of a single unit?	YES	NO M
<b>4</b> .	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
<u>N/A</u>	Name (Last name first, if individual)		
Fuli I	vame (Last name first, if individual)		
Busit	ess or Residence Address (Number and Street, City, State, Zip Code)		
Nam	of Associated Broker or Dealer		
State	s in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	ck "All States" or check individual States)		All States
AL IL MT RI	IN     IA     KS     KY     LA     ME     MD     MA     MI     MN       NE     NV     NH     NJ     NM     NY     NC     ND     OH     OK	HI MS OR WY	ID MO PA PR
Full 1	Name (Last name first, if individual)		
D i	Parishan Addam (Ninghan de Charle Charles Tip Code)		
Busii	ness or Residence Address (Number and Street, City, State, Zip Code)		
Nam	of Associated Broker or Dealer		
State	s in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Che	ck "All States" or check individual States)	A	All States
AL IL MT RI	IN         IA         KS         KY         LA         ME         MD         MA         MI         MN           NE         NV         NH         NJ         NM         NY         NC         ND         OH         OK	MS OR WY	MO PA PR
Full	Name (Last name first, if individual)		
Busi	ness or Residence Address (Number and Street, City, State, Zip Code)		
Nam	e of Associated Broker or Dealer		
State	s in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Che	ck "All States" or check individual States)	A	All States
AL IL MT RI	IN         IA         KS         KY         LA         ME         MD         MA         MI         MN           NE         NV         NH         NJ         NM         NY         NC         ND         OH         OK	MS OR WY	ID MO PA PR

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROC	EEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$ <u>0</u>	\$0
	Equity	\$ <u>1,548,750</u>	\$ <u>1,548,750</u>
	Convertible Securities (including warrants)	\$ <u>0</u>	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$1,548,750	\$1,548,750
	Answer also in Appendix, Column 3, if filing under ULOE.	Φ <u>1,5 10,7 50</u>	410101/00
•			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0? if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ <u>1,548,750</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.	-	•
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	0	\$0
	Regulation A	0	\$0
	•	0	
	Rule 504	0	\$ <u>0</u>
	Total	0	\$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	$\boxtimes$	\$27,896
	Accounting Fees		\$ <u>0</u>
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$ <u>0</u>
	Other Expenses (identify)		\$0
	Total		\$27,896

-	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PRO	OCEI	EDS		1
	and total expenses furnished in response to Part C	te offering price given in response to Part C — Question 4.a. This difference is the "adjusted gro	ss proceeds	to		\$ <u>1,52</u>	20,854
5.	purposes shown. If the amount for any purpose is	proceed to the issuer used or proposed to be used for not known, furnish an estimate and check the box to ual the adjusted gross proceeds to the issuer set forth	the left of t	he			
					Payments to Officer, Directors, & Affiliates	Р	ayments to Others
	Salaries and fees				\$		\$
	Purchase of real estate				\$		\$
	Purchase, rental or leasing and installation of machi	inery and equipment			\$		\$
	Construction or leasing of plant buildings and facili	ities			\$		\$
	Acquisition of other businesses (including the value may be used in exchange for the assets or securities	e of securities involved in this offering that of another issuer pursuant to a merger)			\$		\$
	Repayment of indebtedness				\$		\$
	Working capital				\$	$\boxtimes$	\$ <u>1,548,750</u>
	Other (specify):						
					\$		\$
	Column Totals				\$	$\boxtimes$	\$ <u>1,548,750</u>
	Total Payments Listed (column totals added)				$\boxtimes$	\$ <u>1,5</u>	48,750
		D. FEDERAL SIGNATURE					
an un		undersigned duly authorized person. If this notice is fi es and Exchange Commission, upon written request of Rule 502.					
Issue	(Print or Type) S	ignature	Date				
	tion Ventures, Inc.		May 12	, 200	3		
		Title of Signer (Print or Type)					
Eric I	uner C	EO, President, and Secretary					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

\_\_\_\_\_ ATTENTION \_\_\_\_\_

	E. STATE SIGNA FURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	YES	NO
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (such times as required by state law.	17 CFR 23	39.500) at
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon writer request, information furnished by the issuer to o	fferees.	
4.	The undersigned represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limiting (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden these conditions have been satisfied.		
The pers	issuer has read this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused this notification and knows the contents to be true and has duly caused the contents to be signed on its behalf by the undersigned to the contents of the cont	ned duly a	uthorized
	er (Print or Type) Iution Ventures, Inc.  Signature  May 12, 2003		
Nan	ne of Signer (Print or Type)  Title of Signer (Print or Type)		
Eric	Pulier CEO, President, and Secretary		

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	Intend to s	sell to non- restors in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pu (Part		Disqualific State UL attach exp waiver	5 cation under OE (if yes, planation of granted) E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL						· · ·			
AK									
AZ									
AR									
CA									
со									
СТ									
DE		Х	Preferred Stock 1,548,750	1	1,548,750				Х
DC									
FL									
GA									
ні									
ID									
IL									
IN									
IA									
KS	<u> </u>								
KY									
LA									
МЕ									
MD								!	
МА									
MI									
MN									
MS									
МО									

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1	Intend to se accredited inve	ell to non- stors in State	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualifie State UL attach exp waiver	5 cation under OE (if yes, planation of granted) -ltem 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
МТ									
NE			(						
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН -					-				
ок									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT	1								
VA		· · · · · · · · · · · · · · · · · · ·							
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