


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90067 017 \*\*\*150.00

**DOCUMENT # F04000001102**  
1. Entity Name  
**AIRSTAR AMERICA INC.**



Principal Place of Business  
**11100 ASTRONAUT BLVD.  
SUITE 100  
ORLANDO FL 32837**

Mailing Address  
**10950 BURBANK BLVD  
NORTH HOLLYWOOD CA 91601**



2. Principal Place of Business - No P.O. Box #  
**10255 GENERAL DR**

3. Mailing Address  
Suite, Apt. #, etc.  
**SIC 6A**

1st MOORE CR2E034 (10/06)

City & State  
**ORLANDO, FL**

City & State

4. FEI Number **95-4677878**

Applied For  
 Not Applicable

Zip  
**32824**

Country  
**USA**

Zip Country

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

6. Name and Address of Current Registered Agent  
**PETERS, DAVE  
11100 ASTRONAUT BLVD  
SUITE 100  
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	PRES BEYLIER, BENOIT 10950 BURBANK BLVD NORTH HOLLYWOOD CA 91601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECR PETERS, DAVE 11100 ASTRONAUT BLVD, SUITE 100 ORLANDO FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TREA PRITCHARD, DFAN 10950 BURBANK BLVD NORTH HOLLYWOOD CA 91601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CHABERT, PIERRE 10950 BURBANK BLVD NORTH HOLLYWOOD CA 91601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_\_\_\_ **04/20/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #