

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:34

DOCUMENT # **J20485** (5)
1. Corporation Name
DAYSTAR PRODUCTIONS, INC.

Principal Place of Business Mailing Address
1001 NW 89 TERR. **1001 NW 89 TERR.**
PEMBROKE PINES FL 33024 **PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/23/1986** 3a. Date of Last Report **04/11/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2694799		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		28		Trust Fund Contribution		<input type="checkbox"/>	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BULLMAN, ROGER LEWIS
1001 NW 89 TERR.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BULLMAN, ROGER LEWIS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLMAN, ROGER LEWIS	1.2 NAME	
STREET ADDRESS	1001 NW 89 TERR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	PEMBROKE PINES FL	1.4 CITY- ST- ZIP	
TITLE	STD BULLMAN, ALICIA ESTHER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLMAN, ALICIA ESTHER	2.2 NAME	
STREET ADDRESS	1001 NW 89 TERR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	PEMBROKE PINES FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roger L. Bullman* **Roger L. Bullman** 3/27/95 3:5 4325618
Signature AND TYPED OR PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR