

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067640

FILED
Jan 10, 2007
Secretary of State

Entity Name: BIG STARS, LLC

Current Principal Place of Business:

P.O. BOX 190649
MIAMI BEACH, FL 33119

New Principal Place of Business:

1622 PENNSYLVANIA AVENUE
MIAMI BEACH, FL 33139

Current Mailing Address:

P.O. BOX 190649
MIAMI BEACH, FL 33119

New Mailing Address:

FEI Number: 20-3150125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

P. ALEXIS, ZDANOW
PO BOX 190649
MIAMI BEACH, FL 33119 US

Name and Address of New Registered Agent:

P. ALEXIS, ZDANOW
1622 PENNSYLVANIA AVENUE
204
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: ALEXIS ZDANOW 01/10/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZDANOW, P. ALEXIS
Address: PO BOX 190649
City-St-Zip: MIAMI BEACH, FL 33119

Title: MGRM () Delete
Name: ZDANOW, JILL L
Address: PO BOX 190649
City-St-Zip: MIAMI BEACH, FL 33119

Title: MGRM () Delete
Name: ZDANOW, NIKITA
Address: 10 CHELMSFORD DRIVE
City-St-Zip: MUTTON TOWN, NY 11545

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALEXIS ZDANOW MGRM 01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date