

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91008 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000071799 1. Entry Name BRIGHT STAR COMMUNICATIONS, INC.																							
Principal Place of Business 2265 MALL DRIVE SARASOTA, FL 34231		Mailing Address 2265 MALL DRIVE SARASOTA, FL 34231																					
2. Principal Place of Business 1903 Baywood DR. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 1903 Baywood DR <small>State, Apt. #, etc.</small>																						
City & State SARASOTA, FL	City & State SARASOTA, FL	4. FEI Number 05-1085847																					
Zip 34231	Country SARASOTA	5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent MAY, STEPHEN 2265 MALL DRIVE SARASOTA, FL 34231		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 _____ <small>Sign last, first or initial name of registered agent and fill applicable. (NONE Registered Agent's printed name required when in existing)</small>		DATE _____																					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE _____ NAME MAY, B STEPHEN STREET ADDRESS 1650 SUNRISE LANE CITY-ST-ZIP SARASOTA, FL 34231 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>	TITLE _____ NAME MAY, B STEPHEN STREET ADDRESS 1650 SUNRISE LANE CITY-ST-ZIP SARASOTA, FL 34231	<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	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	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	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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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: <i>Stephen May</i> 4/29/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Case</small> _____ <small>Corporate Phone #</small> _____																					

CFR034 (10/02)