

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000112944			
1. Entity Name 4 STAR ENTERTAINMENT, INC.			
Principal Place of Business 919 4TH STREET MIAMI BEACH, FL 33139		Mailing Address 919 4TH STREET MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2006 NOV 13 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

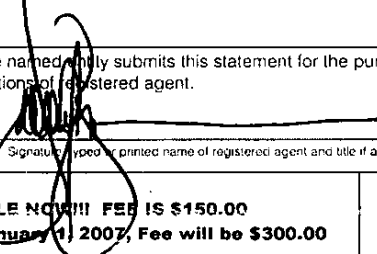


10092006 REIN-P CR2E098 (11/05)

4. FEI Number 65-1077707		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BERCUSON, DAVID 9130 S. DADELAND BLVD. TWO DATRAN CENTER, #1800 MIAMI, FL 33156				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: _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCAS, THEODORE R JR			NAME			
STREET ADDRESS	919 4TH STREET			STREET ADDRESS	400081739534		
CITY - ST - ZIP	MIAMI BEACH, FL 33139			CITY - ST - ZIP	11/13/06--01044--006 **158.75		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEPBURN, SOLOMON			NAME			
STREET ADDRESS	919 4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH, FL 33139			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, ROBERT			NAME			
STREET ADDRESS	919-4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH, FL 33139			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, ALAN			NAME			
STREET ADDRESS	919-4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH, FL 33139			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  _____ DATE: _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/06