

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90111 003 \*\*\*150.00

DOCUMENT # P93000006265  
 1. Entity Name  
**STARNET INTERNATIONAL CORP.**

|   |   |
|---|---|
| Principal Place of Business<br><b>200 HOPE STREET<br/>LONGWOOD FL 32750</b> | Mailing Address<br><b>200 HOPE STREET<br/>LONGWOOD FL 32750</b> |
|---|---|

020198



DO NOT WRITE IN THIS SPACE

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|   |  |
|---|--|
| 4. FEI Number <b>59-3164011</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**WENDEL, WENDEL R  
 200 HOPE ST.  
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent  
 Name **Michael C. Sasso**  
 Street Address (P.O. Box Number is Not Acceptable)  
**390 N. Orange Avenue  
 Suite 2700**  
 City **Orlando** FL Zip Code **32801**

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.

SIGNATURE  *Michael C Sasso* (NOTE: Registered Agent signature required when re-registering) DATE **2-19-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS              |                                 |
|---|---------------------------------|
| TITLE<br><b>D</b>                       | <input type="checkbox"/> Delete |
| NAME<br><b>WENDEL, WENDEL R</b>         |                                 |
| STREET ADDRESS<br><b>200 HOPE ST.</b>   |                                 |
| CITY-ST-ZIP<br><b>LONGWOOD FL 32750</b> |                                 |
| TITLE                                   | <input type="checkbox"/> Delete |
| NAME                                    |                                 |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |
| TITLE                                   | <input type="checkbox"/> Delete |
| NAME                                    |                                 |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |
| TITLE                                   | <input type="checkbox"/> Delete |
| NAME                                    |                                 |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |
| TITLE                                   | <input type="checkbox"/> Delete |
| NAME                                    |                                 |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  *Michael C Sasso* V.P. COO, Secy. DATE **2-19-01** DAYTIME PHONE # **407-830-1199**

CR2E034 (10/00)