

**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # P93000006265

1. Entity Name  
STARNET INTERNATIONAL CORP.



**FILED**

04 MAY 25 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04192004 Chg-P CR2E034 (10/03)

Principal Place of Business 200 HOPE STREET LONGWOOD, FL 32750	Mailing Address 200 HOPE STREET LONGWOOD, FL 32750
--	--

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

4. FEI Number 59-3164011	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SASSO, MICHAEL C  
1031 WEST MORSE BLVD  
SUITE 260  
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: CHARLES R. HARRISON  
Street Address (P.O. Box Number is Not Acceptable):  
1413 TROVILLION AVENUE  
City: WINTER PARK FL Zip Code: 32789

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: *Charles R. Harrison* DATE: 5/1/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Amended AR is \$61.25

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: WENDEL, WENDEL R STREET ADDRESS: 200 HOPE ST. CITY-ST-ZIP: LONGWOOD, FL 32750	<input type="checkbox"/> Delete
TITLE: CEO NAME: TURCOTTE, RONALD STREET ADDRESS: 200 HOPE ST CITY-ST-ZIP: LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete
TITLE: COO NAME: BUDD, ROBERT STREET ADDRESS: 200 HOPE STREET CITY-ST-ZIP: LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: ALTMAN, MARC STREET ADDRESS: 200 HOPE ST CITY-ST-ZIP: LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: BERRY, MARY STREET ADDRESS: 200 HOPE STREET CITY-ST-ZIP: LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D CEO NAME: WENDEL R. WENDEL STREET ADDRESS: 200 HOPE STREET CITY-ST-ZIP: LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: NORMAN M. FRIEDLAND STREET ADDRESS: 200 HOPE STREET CITY-ST-ZIP: LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DAVID REAP STREET ADDRESS: 13848 BLUEBIRD POND ROAD CITY-ST-ZIP: WINDERMERE, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wen del* DATE: 5/5/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR