

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000079606 (8)**

1. Corporation Name

STAR TUNE, INC.

Principal Place of Business

**803 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009
US**

Mailing Address

**601 N.W. 37TH STREET
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Organized)

11/18/1993

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0445633

Applied For

☐ Not Applicable

State, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LESSIG, TODD
601 N.W. 37TH STREET
POMPANO BEACH FL 33064**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person or persons designated agent and New Agent)

(Signature of person or persons designated agent and New Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LESSIG, TODD
STREET ADDRESS	601 NW 37TH STREET
CITY, ST, ZIP	POMPANO BEACH FL
TITLE	SD
NAME	LESSIG, ROMI
STREET ADDRESS	601 NW 37TH STREET
CITY, ST, ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and is true and accurate and that my signature shall have the same legal effect as if made under oath. This filing is an officer or director of the corporation or the manager or trustee or person in possession of the record or report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or in my attachment with an address.

SIGNATURE:

Todd Lessig

SIGNATURE AND FILED ON LIMITED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 (305) 983-8402