

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG 18 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000006414**

1. Entity Name
TRANSTAR METALS ACQUISITION CORP.



Principal Place of Business
**15060 VENTURA BLVD., STE. 400
SHERMAN OAKS CA 94103**

Mailing Address
**15060 VENTURA BLVD., STE. 400
SHERMAN OAKS CA 94103**

2. Principal Place of Business
14400 S. FIGUEROA ST
Suite, Apt. #, etc.

3. Mailing Address
14400 S. FIGUEROA ST.
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
GARDENA, CA
Zip
90248
Country

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4. FEI Number **82-0575906**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOLDUC, JOHN 1001 BRICKELL BAY DRIVE, 27TH FLOOR MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SANFORD, MATTHEW 1001 BRICKELL BAY DRIVE, 27TH FLOOR MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE SCHEINKMAN, PRES 14400 S. FIGUEROA ST GARDENA, CA 90248	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THEODORE ALPERT, VP 14400 S. FIGUEROA ST. GARDENA, CA 90248	<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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100022484991 08/21/03--01059--005 **\$50.00	<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

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: **SIGATURE REQUIRED THEODORE ALPERT** 7/11/03 323 791-1513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0148103 AB

CR2E034 (4/03)