

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90067 017 \*\*\*150.00

DOCUMENT # F04000001102

1. Entity Name

AIRSTAR AMERICA INC.



Principal Place of Business

11100 ASTRONAUT BLVD.  
SUITE 100  
ORLANDO FL 32837

Mailing Address

10950 BURBANK BLVD  
NORTH HOLLYWOOD CA 91601



2. Principal Place of Business - No P.O. Box #

10255 KENNEL DR  
SUITE, Apt. #, etc.  
STC 6A

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

ORLANDO, FL

City & State

4. FEI Number

95-4677878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERS, DAVE  
11100 ASTRONAUT BLVD  
SUITE 100  
ORLANDO FL 32837

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**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	PRES	<input type="checkbox"/> Delete
NAME	BEYLIER, BENOIT	
STREET ADDRESS	10950 BURBANK BLVD	
CITY- ST- ZIP	NORTH HOLLYWOOD CA 91601	
TITLE	SECR	<input type="checkbox"/> Delete
NAME	PETERS, DAVE	
STREET ADDRESS	11100 ASTRONAUT BLVD, SUITE 100	
CITY- ST- ZIP	ORLANDO FL 32837	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	PRITCHARD, DEAN	
STREET ADDRESS	10950 BURBANK BLVD	
CITY- ST- ZIP	NORTH HOLLYWOOD CA 91601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHABERT, PIERRE	
STREET ADDRESS	10950 BURBANK BLVD	
CITY- ST- ZIP	NORTH HOLLYWOOD CA 91601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/07