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Apr 25, 1999 8:00 am
Secretary of State

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0503984

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K39989

1. Corporation Name
STAR MEDIA ENTERPRISES, INC.

Principal Place of Business
 1551 MAIN ST.
 GRANADA PLAZA
 DUNEDIN FL 34698
 US

Mailing Address
 P. O. BOX 2523
 DUNEDIN FL 34698
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1988

4. FEI Number
59-2914970 Applied For
 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **1559 MAIN ST.**
 Suite, Apt. #, etc. 22 _____
 City & State 23 **DUNEDIN FL**
 Zip 24 **34698** Country 25 **USA**

2a. Mailing Address
 26 _____
 Suite, Apt. #, etc. 27 _____
 City & State 28 _____
 Zip 29 _____ Country 30 _____

9. Name and Address of Current Registered Agent
STERN JEFFRY M.
795 BALDWIN RD.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	STERN, JEFFRY M.	
STREET ADDRESS	795 BALDWIN RD.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	STERN, ISABELLE, M	
STREET ADDRESS	795 BALDWIN RD.	
CITY-ST-ZIP	PALM HARBOR FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V TINA P. EYERS
3.3 STREET ADDRESS	1889 BARCELONA DR.
3.4 CITY-ST-ZIP	DUNEDIN FL. 34698
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4/21/99** DAYTIME PHONE #: **727-736-4652**

CR2E034 (1/198)