

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90276 006 ****50.00

DOCUMENT # L03000017296

1. Entity Name

STAR STUDIOS, LLC



Principal Place of Business

7171 CORAL WAY, STE. 500
ATTN: ROBERT BEHAR
MIAMI FL 33155

Mailing Address

7171 CORAL WAY, STE. 500
ATTN: ROBERT BEHAR
MIAMI FL 33155

2. Principal Place of Business

7500 NW 72 AVE.

3. Mailing Address

7500 NW 72 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEHAR, ROBERT
7171 CORAL WAY, STE. 500
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Robert Behar

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

4042 Island Estates Drive

Aventura

33160

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

Robert Behar

Robert Behar

4-5-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME: President + CEO
STREET ADDRESS: Robert Behar
CITY-ST-ZIP: 4042 Island Estates Drive
Aventura, FL 33160 ☐ Delete

TITLE / NAME: ☐ Delete

TITLE / NAME: ☐ Delete

TITLE / NAME: ☐ Delete

TITLE / NAME: ☐ Delete

TITLE / NAME: ☐ Delete

10. ADDITIONS / CHANGES

TITLE / NAME: ☐ Change ☐ Addition

TITLE / NAME: ☐ Change ☐ Addition

TITLE / NAME: ☐ Change ☐ Addition

TITLE / NAME: ☐ Change ☐ Addition

TITLE / NAME: ☐ Change ☐ Addition

TITLE / NAME: ☐ Change ☐ Addition

TITLE / NAME: ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert Behar

Robert Behar

4-5-04

305-863-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #