L08000013074

Northstar Substation 119 E. Bay Street Jacksonville, FL 32202 (Address)		
(1001000)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
· (Business Entity Name)		
L08-13074		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

ANASSEE, FLORIDA

COVER LETTER

SUBJECT: Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Mristopher Lar Name of Person North Star Substation Firm/Company		
119 E. Bay St.		
Sacksonville FL 32202 City/State and Zip Code		
Northstar Substation @ yahoo. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Andrea Kamlewski at (404) 708-2161 Name of Person at (404) Area Code & Daytime Telephone Number		

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



May 17, 2010

KRIS KIGER 119 E. BAY STREET JACKSONVILLE, FL 32202

SUBJECT: NORTHSTAR ENTERTAINMENT LLC

Ref. Number: L08000013074

We have received your document for NORTHSTAR ENTERTAINMENT LLC and your check(s) totaling \$110.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The Name that appears in #1 of the Regsignation form it not the same as the Florida Document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 810A00012375

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	
1. Name of the limited liability company: Alor th Sta	x Entertainment LLC
2. (a) Principal office address of limited liability company	: 75093 Buffalost
(Note: MUST BE STREET ADDRESS)	Ywlee, FL 32097
(b) Mailing address of limited liability company:	75093 Buffalo st
(Note: MAY BE POST OFFICE BOX)	Yulee, FL 32077 =
May 11, 2010 3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept of States
Registered Agent:	Kristopher A. Kigst
Registered Office Address:	75093 Buttalo ST. Yulec, FL 32097
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	N Registered Office address: Andrea Down Koralewski
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Morthstar Substation 119 E. Bay St. Sackson Mile F FL 3220)
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office
Signature of a member of authorized appresentative of a member	_
Keistopher Alan Kiger Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my dutes, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00