## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT **1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

L36950

(8)

Mailing Address

FIVE STAR MEDIA, INC.

FILED
Jan 16 1998 8:00am
Secretary of State

2.   Moning Accines	351 S CYRE STE 318 Pompano e US	SS RD. OCH FL 33060	351 S CYPRESS RD. STE. 318 POMPANO BCH FL 3306 US	00		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  12/12/1989
Suite Apt #, etc.   27			2a, Mailing Address	32 c	T	
Coly & State	Suite, Apt. #	Suite, Apt. #, etc.			S8.75 Additions	
Company of Charles   Country   Trust Fund Contribution   Added to Fees   Add						Fee Required
23   33   63   25   54   26   33   30   63   30   54   54   54   54   54   54   54   5	23 Pompe	wo Bch FC	28 POMPANO BO	ch		Trust Fund Contribution Added to Fees
CONSIGLIO, SAMUEL J 5321 N.W. 32 COURT MARGATE FL 33063	24 3306	3 25 USA	29 33063		SA	Personal Property Tax due June 30. Yes No
SS21 N.W. 32 COURT MARGATE FL 33063  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Codo  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 apport. In firm a familiar with, and accept the old accept the			Hegistered Agent	81	Name	10. Name and Address of New Registered Agent
MARGATE FL 33083  83  City  Change  MARGATE FL 33083  84  City  FL  State  City  FL  State  S						
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 agent. For familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature   Signat						Address (P.O. Box Number is Not Acceptable)
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 agent. For familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature   Signat						
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent agent and steel agent and				84	City	FL  85   Zip Code
12. OF FICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	office or re	raistered agent, or both, in the State (	of Florida. Such chapge was au	ilhorized h	v the cor	corporation submits this statement for the purpose of changing its registor poration's board of directors. I hereby accept the appointment as register
12.	SIGNATURE	Chapters hand a marked property of marchard against	ACON State it and the action of the last be a st	Honislated An	ent sonalur	e required when rainstaling) DATE
THE   D					ent signatur	
351 S. CYPRESS RD./ SUITE 318						Change Add
351 S. CYPRESS RD./ SUITE 318	NAME	CONSIGLIO, SAMUEL J		1.2 NAME		
DELFTE   DELFTE   21 TITLE   DELFTE   21 TITLE   DELFTE   ADDRESS   CITY-ST-ZIP   2 4 CITY-ST-ZIP   DELETE   31 TITLE   DELETE   ADDRESS   Addition   Ad	STREET ADDRESS		E 318	1.3 STREE	T ADDRESS	5321 NW 32 CT
DELFTE   DELFTE   21 TITLE   DELFTE   21 TITLE   DELFTE   ADDRESS   CITY-ST-ZIP   2 4 CITY-ST-ZIP   DELETE   31 TITLE   DELETE   ADDRESS   Addition   Ad	CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-	ST-7/P	POMPANO BEACH, FL
2.3 STREET ADDRESS   2.4 CITY-S1-ZIP   2.4 CIT	TITLE		☐ DELFTE	2.1 10TLE		Change Add
City-St-ZiP	NAME			2.2 NAME		
TITLE	STREET ADDRESS			2.3 STREE	T ADDRESS	
NAME  SIREET ADDRESS  CHY-SI-ZIP  TILLE  DELETE  4.1 TILLE  NAME  4.2 NAME  STREET ADDRESS  CHY-SI-ZIP  TILLE  DELETE  4.1 TILLE  NAME  4.2 NAME  4.3 STREET ADDRESS  CHY-SI-ZIP  TILLE  DELETE  4.4 CHY-SI-ZIP  TILLE  DELETE  5.1 TILLE  NAME  STREET ADDRESS  CHY-SI-ZIP  TILLE  DELETE  5.1 TILLE  STREET ADDRESS  CHY-SI-ZIP  TILLE  DELETE  5.2 NAME  STREET ADDRESS  CHY-SI-ZIP  TILLE  DELETE  5.4 CHY-SI-ZIP  TILLE  NAME  STREET ADDRESS  CHY-SI-ZIP  TILLE  NAME  STREET ADDRESS  CHY-SI-ZIP  TILLE  STREET ADDRESS  GRAME  STREET ADDRESS  GRAME  STREET ADDRESS	CITY-ST-ZIP			2. 4 CITY-	S1-ZIP	
STREET ADDRESS   33 STREET ADDRESS   34 CITY - ST - ZIP	TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Ado
STREET ADDRESS   STRE	NAME			3.2 NAME		
DELETE	STREET ADDRESS			3.3 STRE{	t address	
NAME	CHTY-ST-ZIP		, <del></del>		SI-ZIP	
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CHY-ST-ZIP   4.4 CHY-ST-ZIP	THLE		☐ DELETE	4.1 1tTLE		L_J Change L_J Ado
A CHY-ST-ZIP	NAME			4. 2 NAMŁ		
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         52 NAME         STREET ADDRESS         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS         6.3 STREET ADDRESS	STHEET ADDRESS			4.3 STRUE	1 ADDRESS	
NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CHY-ST-ZIP         5.4 CHY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS         6.3 STREET ADDRESS	Cłty-St-ZIP				ST-ZIP	
STREET ADDRESS	TITLE		☐ DELETE	5.1 TITLE		L_  Change L_  Add
CHY-SI-ZIP         5.4 CHY-SI-ZIP           TIILE         DELETE         6.1 TIILE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS	NAME			5.2 NAME		
TITLE DELETE 6.1 TITLE  NAME  STREET ADDRESS  DELETE 6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS	STREET ADDRESS			5.3 STREE	t address	
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS	City-St-ZiP				ST-ZIP	
STREET ADDRESS 6.3 STREET ADDRESS	TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ado
	NAME			6.2 NAME		
CHY-ST-7/P 64 CHY-ST-7/P	STREET ADDRESS			6.3 STREE	T ADDRESS	
14. Thereby 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that I am an information supplied with the section supplied wi	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, if further certify that the information indicated on this annual report or supplemental annual report is true arrid accurate and that my signature shall have the same legal effoct as if made under oath; that I am an officer or director of the corporation or the receiver of hister empowered to exocute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or en an affectionent with an address.

1/0/00/954) 979-651