

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90206 025 ***150.00

DOCUMENT # **L36950**

1. Entity Name
FIVE STAR MEDIA, INC.



Principal Place of Business
**5321 NW 32 CT
STE 110
POMPANO BCH FL 33063
US**

Mailing Address
**5321 NW 32 CT
STE 110
POMPANO BCH FL 33063
US**

2. Principal Place of Business
2101 LUCAYA BEND

3. Mailing Address
2101 LUCAYA BEND

Suite, Apt. #, etc.
0-1

Suite, Apt. #, etc.
0-1

City & State
COCONUT CREEK, FL

City & State
COCONUT CREEK, FL

Zip
33066

Country
USA

Zip
33066

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0160322**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONSIGLIO, SAMUEL J
5321 N.W. 32 COURT
MARGATE FL 33063**

7. Name and Address of New Registered Agent ADDRESS

Name
SAMUEL J. CONSIGLIO
Street Address (P.O. Box Number is Not Acceptable)
2101 LUCAYA BEND #0-1
City
COCONUT CREEK FL Zip Code
33066

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 **SAMUEL J. CONSIGLIO** *[Signature]* DATE **2-12-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSIGLIO, SAMUEL J 5321 NW 32 CT POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER SAMUEL J. CONSIGLIO 2101 LUCAYA BEND #0-1 COCONUT CREEK, FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **SAMUEL J. CONSIGLIO** *[Signature]* **954 979-0237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)