

# 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**

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**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-12-03**

**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

TITLE  
**D** ☐ Delete  
NAME  
**CONSIGLIO, SAMUEL J**  
STREET ADDRESS  
**5321 NW 32 CT**  
CITY-ST-ZIP  
**POMPANO BEACH FL**

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**OWNER** ☒ Change ☐ Addition  
NAME  
**SAMUEL J. CONSIGLIO**  
STREET ADDRESS  
**2101 LUCAYA BEND #0-1**  
CITY-ST-ZIP  
**COCONUT CREEK, FL 33066**

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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** **954 979-0237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)