FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L54571** **(9)**

1. Corporation Name
STARDUST INTERNATIONAL MUSICAL ENTERPRISES INC.

Principal Place of Business	Mailing Address
25706 AYSEN DR PT CHARLOTTE FL 33983	25706 AYSEN DR PT CHARLOTTE FL 33983

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business: 7231 Kings Hwy
22 Suite, Apt. #, etc.: Bldg 8 #12.
23 City & State: PT. CHARLOTTE FL
24 Zip: 339. 25 Country: CHARLOTTE

26 2a. Mailing Address: 23359 PAINTER AVE PT CHARLOTTE FL 33954
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 59-2998266 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DORMAN, EDGAR
25706 AYSEN DR
PT CHARLOTTE FL 33983

10. Name and Address of New Registered Agent

81 Name: EDGAR DORMAN
82 Street Address (P.O. Box Number is Not Acceptable): 23359 PAINTER AVE
83
84 City: PT. CHARLOTTE FL 85 Zip Code: 33954

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	EDGAR DORMAN	☑ Change ☐ Addition
NAME	DORMAN, EDGAR	12 NAME		
STREET ADDRESS	25706 AYSEN DR	13 STREET ADDRESS	23359 PAINTER AVE	
CITY-ST-ZIP	PT CHARLOTTE FL	14 CITY-ST-ZIP	PT. CHARLOTTE FL 33954	
TITLE	VD	21 TITLE	PAMELA DORMAN	☑ Change ☐ Addition
NAME	DORMAN, PAMELA	22 NAME		
STREET ADDRESS	25706 AYSEN DR	23 STREET ADDRESS	23359 PAINTER AVE	
CITY-ST-ZIP	PT CHARLOTTE FL	24 CITY-ST-ZIP	PT CHARLOTTE FL 33954	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edgar Dorman EDGAR DORMAN 4/26/95 813-764-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483077 FP