

- 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90218 023 ****50.00

DOCUMENT # M03000003243

1. Entity Name

AMSTAR ENTERTAINMENT, LLC



Principal Place of Business

**1400 URBAN CENTER DRIVE
SUITE 375
VESTAVIA HILLS AL 35242**

Mailing Address

**1400 URBAN CENTER DRIVE
SUITE 375
VESTAVIA HILLS AL 35242**

2. Principal Place of Business

950 Colonial Grand Lane

3. Mailing Address

See above

Suite, Apt. #, etc.

Colonial Town Park

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Zip

32746

Country

Seminole

Zip

Country

4. FEI Number

63-1199089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
AMSTAR ENTERTAINMENT LLC
1400 URBAN CENTER DR. SUITE 375
VESTAVIA HILLS AL 35242**

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Stephen D. [Signature] **3.29.04**

205-970-3930