## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000006379

Address:

City-St-Zip:

Entity Name: ENTER STARDOM PRODUCTIONS, INC.

FILED Sep 06, 2002 Secretary of State

•	, <del>-</del> ,				
Current Principal Place of Business:		New Prince	New Principal Place of Business:		
33 SE 1ST AVE SUITE DELRAY BEACH, FL 3					
Current Mailing Address:		New Maili	New Mailing Address:		
33 SE 1ST AVE SUITE 102 DELRAY BEACH, FL 33444			2202 NORTHWEST 22ND WAY BOYNTON BEACH, FL 33436		
FEI Number: 65-1109300 FEI Number Applied For ( )		FEI Number Not Applicable ( )		Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
GAVIRIA, BEATRICE 6468 APACHE BLVD LOXAHATCHEE, FL 3	3470 US				
The above named entit in the State of Florida.	y submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent		ent	Date		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	MILTON, SA 6166 SEVEN	( ) Change (X) Addition NTOS TD I SPRINGS BLVD. ES, FL 33463	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	DUANE, GR 2202 NW 22		
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	BEATRICE, 6468 APACH		
Title: Name:	( ) Delete	Title: Name:	SD CARMEN, TO	( ) Change (X) Addition ORRES SD	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

6490 APACHE BLVD.

LOXAHATCHEE, FL 33470

SIGNATURE: DUANE GROSS PRES 09/06/2002