DCCUMENT # P0000090960  1. Entity Name					Secretary of State			
MONKEY	DOG STAR, INC.				05-15-2001 90019 0	)27 ***150.00		
Principal Place	of Business	Mailing Address						
432-23RD AVE. N ST. PETERSBURG FL 33704 432-23RD AVE. N ST. PETERSBURG FL 33704			4					
					6 (BB)(BB) (1): 80(1): 80(1): 88(1): 85(1): 86(1): 8	!!	Her ida	
	ace of Business	3. Mailing Address						
9 <i>3 5</i> Suite, Apt. #	Y 9th Street N #, etc.	432 23 - 0 A Suite, Apt. #, etc.	ve N		DO NOT WRITE IN T	HIS SPACE		
City & State	Petersbura, 12	City & State St. Leters bu	Z1	<b>4.</b> F	El Number 59-3678173		olied For Applicable	
Zip 337	Country	Zip 3 3 70 4/	Country		Certificate of Status Desired	<b>\$8.75</b> Addi	tional	
52/	6. Name and Address of Currer	of Registered Agent	USA		lame and Address of New Registe	Fee Required		
	or reality and Address of Carro	n riogistorea Agent	Name		and radioso of their riegiste	nou rigoni		
SANTE, DANA L				Street Address (P.O. Box Number is Not Acceptable)				
432-23RD AVE. N ST. PETERSBURG FL 33704								
11 01	. I ETENOBORO I E 00704							
			City			FL Zip Code	·	
8. The above	named entity submits this statement	for the purpose of changing its r	egistered office or	registered ag	ent, or both, in the State of Florida.	·		
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signate	ure required when re	cinstating) C	PATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE				00	10 Floation Compaign Financia	~ AF A	<b>.</b>	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 200	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St		<ol> <li>Election Campaign Financin Trust Fund Contribution.</li> </ol>	~ _ ~ ~~····	May Be to Fees	
11.		ID DIRECTORS	12.		DITIONS/CHANGES TO OFFICERS	AND DIRECTORS		_
TITLE NAME	D   Sante, dana l	☐ Delete	TITLE NAME	Putan	wan I	🔏 Change	☐ Addition	F034 (10/00
STREET ADDRESS	432-23RD AVE.		STREET ADDRESS	432 23	Ana L no Ave N			17
CITY-ST-ZIP	N ST. PETERSBURG FL 33704	<u> </u>	CITY-ST-ZIP	St. Pet	ersburg, 72 33704			
TITLE	D	☐ Delete	TITLE	5/1	1 ml 1 m	Change	☐ Addition	CBS
NAME STREET ADDRESS	ASSIFF, MARY ANN 432-23RD AVE.		NAME STREET ADDRESS	A55/11	Many HAM Lave N		İ	l
CITY-ST-ZIP	N ST. PETERSBURG FL 33704	<b>ļ</b>	CITY-ST-ZIP	St. Pet	Many Ann Ave N ersburg 12 33704			
TITLE		☐ Delete	TITLE			☐ Change	Addition	ŀ
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME	i	L.i Delete	NAME			☐ Gliange	☐ Addition	
STREET ADDRESS			STREET ADDRESS				'	
CITY-ST-ZIP			CITY-ST-ZIP	1				1

13. I hereby certify that the information supplied with this filling 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 by trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE STREET ADDRESS

Delete

SIGNATURE:

TITLE

STREET ADDRESS

2001 UNIFORM BUSINESS REPORT (UBR)

☐ Change

☐ Addition