


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000112944					
1. Entity Name 4 STAR ENTERTAINMENT, INC.					
Principal Place of Business 919 4TH STREET MIAMI BEACH, FL 33139			Mailing Address 919 4TH STREET MIAMI BEACH, FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1077707	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

FILED

2006 NOV 13 PM 4:28

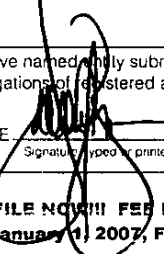
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent BERCUSON, DAVID 9130 S. DADELAND BLVD. TWO DATRAN CENTER, #1800 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUCAS, THEODORE R JR			NAME			
STREET ADDRESS	919 4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH, FL 33139			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEPBURN, SOLOMON			NAME			
STREET ADDRESS	919 4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH, FL 33139			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALEXANDER, ROBERT			NAME			
STREET ADDRESS	919-4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH, FL 33139			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, ALAN			NAME			
STREET ADDRESS	919-4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH, FL 33139			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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11/13/06--01044--006 **158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14