2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/16/

FILED Sep 14, 2004 8:00 am Secretary of State

1. Éntity Name STARGAZER PRODUCTIONS, INC.					08-16-2004 90017 016 ***150.00			
Principal Place of Business 1829 NORTH 15TH TERRACE HOLLYWOOD FL 33020		Mailing Address 1629 NORTH 15TH TERRACE HOLLYWOOD FL 33020		· t	66433636			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR	2E034 (4/04)		
City & State		City & State		4. FEI Numb	er 65-1074952	 	plied For Applicable	
Zip	Country	Zip	Country	5. Cenificate	of Status Desired	\$8.75 444	itional	
	6. Name and Address of Currer	nt Registered Agent	Name	7. Name and	Address of New Regist	red Agent		
ROTH, KEVIN								
162	9 N 15TH TERRACE LLYWOOD FL 33020		Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
	* * *		City			FL Zip Code		
9. The above	named entity submits this statement	for the purpose of changing its	registered office or reg	gistered agent, or bo	th, in the State of Florida.		and accept	
the obligat	ions of registered agent.			-		c		
SIGNATURE.	Signature, typed or printed name of registered ago	int and little if applicable. (NOT)	E: Registered Agent signature re	quirad when rematating)		DATE		
FILE NOWIII FEE IS \$550.00 S.507,193(2)(b), F.S., allows for the waiver of the \$400.00 DUE; BY, September, 8, 2004 Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00.								
10.		ID DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICERS	AND DIRECTORS		
TITLE NAME	PSTD ROTH, KEVIN	Delete	TITLE NAME			☐ Change	Addition 3	
STREET ADDRESS CITY-ST-ZIP	1629 NORTH 15TH TERRACE HOLLYWOOD FL 33020		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADORESS					
CITY-SI-ZIP			CCTY-ST-ZIP					
TITLE NAME	1	Delete	TITLE .			Change	. 🔲 Addition	
STREET ADDRESS			STREET ADDRESS			•	,	
CITY-ST-ZIP		<u>'</u>	CITY-ST-ZIP				i	
NAME	<u>;</u>	☐ Delete	TITLE NAME			Change	Addition]	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				i	
TITLE		☐ Delete	CIFY-SY-ZIP TITLE			☐ Change	☐ Addition	
NAME	1		NAME			,		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				'	
TITLE		Delate	ture		, <u>-</u> ,	☐ Change	☐ Addition _{3,5}	
NAME STREET ADORESS		••	NAME CTREET ADDRESS					
CITY-ST-ZIP	1		STREET ADDRESS CITY-ST-ZIP	<u> </u>			<u> </u>	
12. 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 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.								
SIGNAT	· · · · · · · · · · · · · · · · · · ·				8.1-0	Y	# (
		O PRINTED AME OF SIGNING OFFICER	Rd more on		flate	Onutions Phone #	———·	

Morton Amster ACCOUNTANT - AUDITOR

66H33656

8128 CORMYOUR WAY BOYNTON BEACH, FLORIDA 33437

September 9, 20

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

RE: Stargazer Productions, Inc. P01000012867

Gentlemen;

1-561-488-2442 TEL

1-561-488-7146 FAX

1-800-846-5622 TOLL FREE

I am the accountant for Stargazer Productions, Inc. My client received a letter from the department requesting an additional \$400.00 I disagree with this assessment. My client never received the original report or a post card for him to receive the report. Whn I finally received the post card to request the report I mailed it in immediately with the check for \$150.00.

I am asking that the assessment be cancelled for the above explanation. Thanking you for your kind consideration in this matter.

Si<u>rc</u>erely

Morton Amster