## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 Uniform Business Report (UBR)						FILED Apr 09 2002 8:00 am			
DOCUMENT # P01000040610  1. Entity Name							Apr 09, 2002 8:00 a Secretary of State	m 27818	
								₽	
STARFIGH	IT PROD	DUCTIONS, INC.					04-09-2002 91166 021 ***150.00		
Principal Place	e of Busines	ss	Mailing Address						
1773 W. FLETCHER AVE. 1773 W. FLETCHER AVE.				E.					
TAMPA FL 3361	12		TAMPA FL 33612				T 1 martiaan in aanal kiri aanal kiri arkii	l <b>i</b> ll	
2. Principal Pla	ace of Busin	ness	3. Mailing Address 701 W. PLATT ST				DO NOT WRITE IN THIS SPACE		
Suite, Apt. #			Suite, Apt. #, etc.						
City & State		FL	City & State TAMPA,	FL.			4. FEI Number Applied I Applied I Not Appl		
Zip 336	06	Country HULS BOROUGH	33606	Cou	ntry LS Bo RL	06H	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
		and Address of Current Re	gistered Agent		ļ		7. Name and Address of New Registered Agent		
CEL DATAN	DANDY M	ے دیا میں کہ مصبیدیں ہے ۔ ۔۔۔			Name				
FELDMAN,					Street A	ddress (F	P.O. Box Number is Not Acceptable)		
1773 W. FL TAMPA FL :		WAE:					<del> </del>	_	
IAMPA FLA	33012				City				
					City FL Zip Code				
8. The above r	named enti	ly submits this statement for th	ne purpose of changing	its register	red office or	registere	ed agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed	d or printed name of registered agent and	title if applicable. (N	IOTE: Register	ed Agent signatu	ıre required v	when reinstating) DATE	-	
9. This corpora	ration is elig	gible to satisfy its Intangible	FILE NO	W!!! FEE	IS \$150.0	00	10. Election Campaign Financing \$5.00 May		
Tax filing re (See criteria	•	and elects to do so.	After May 1, Make Check Pay				Trust Fund Contribution Added to Fe		
11.		OFFICERS AND DI		12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE			☐ Delete	1111		DY	ZET BRAND	uoitippi CR2E034 (9/01)	
NAME STREET ADDRESS			j	NAM STR	KEET ADDRESS	288	30 NORTH KD	1 2 2	
CITY-ST-ZIP				H	Y-ST-ZIP	TAL	EARWATER FL 33760	Ë	
TITLE			☐ Delete	TITL	.E	<del>.</del>		.ddition   5	
NAME				NAM				Ì	
STREET ADDRESS CITY-ST-ZIP			•	ll ll	EET ADDRESS Y-ST-ZIP	-			
TITLE			☐ Delete			Λ <	/ Change X A	ddition	
NAME		مستعدد المالية	Delete	- 12	лЕ	RAN	JOY M. FELDMAN	Julian	
STREET ADDRESS				ll ll	EET ADDRESS	177	13 W. FLETCHER AVE		
CITY-ST-ZIP				CIT	Y-ST-ZIP	7/1	mPA, PL. 336/V		
TITLE NAME			☐ Delete	TITL NAN	E ec	44	RON M. JACOBS Change XA 39 N. HIMES AVE #3520 MPA, FL. 33614	ddition {	
STREET ADDRESS				- 11	EET ADDRESS	863	39 NO HIMES AVE #3520		
CITY-ST-ZIP				CIT	Y-ST-ZIP	TAN	MPA, FL. 33614		
TITLE			☐ Delete	TITL			☐ Change ☐ A	ddition	
NAME CTREET ADDRESS				NAM				}	
STREET ADDRESS CITY-ST-ZIP				ll ll	EET ADDRESS Y-ST-ZIP				
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NAME				NAN				1	
STREET ADDRESS		1		ll li	EET ADDRESS				
CITY-ST-ZIP	artifu that the	o information purpolical suits at	in filing door not avenue.		Y-ST-ZIP	ad in Ca-	ction 119 07/3V/). Florida Statutae Lifurther contifu that the information	tion	

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 11 or Block 12 if changed, or on an attachment with an address, with a potential statutes.

GNATURE:

GNATURE:

3 27 07 813-9169

GNATURE: **SIGNATURE:**