

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90021 047 \*\*\*150.00

**DOCUMENT # P01000040610**

1. Entity Name

STARFIGHT PRODUCTIONS, INC.



Principal Place of Business

701 W. PLATT ST  
TAMPA FL 33606

Mailing Address

701 W PLATT ST  
TAMPA FL 33606

2. Principal Place of Business

4021 N. Armenia Ave.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33607

Country

U.S.

3. Mailing Address

4021 N. Armenia Ave.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa FL

Zip

33607

Country

U.S.



MOORE

CR2E034 (11/03)

4. FEI Number

59-3719881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, RANDY M  
1773 W. FLETCHER AVE.  
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME BRAND, TERRI  
STREET ADDRESS 2880 NORTH RD  
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

TITLE DST  
NAME FELDMAN, RANDY M  
STREET ADDRESS 1773 W FLETCHER AVE  
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE DVP  
NAME JACOBS, AARON M  
STREET ADDRESS 8639 N HIMES AVE #3520  
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 11506 Galleria Drive  
CITY-ST-ZIP Tampa, FL 33618 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Aaron M. Jacobs 2/11/04 813-928-4704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #