

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0107062 . AV

DOCUMENT # P01000051557

1. Entity Name
 SIX STARS PERFORMERS INC.

04-15-2002 90028 038 ***150.00

Principal Place of Business Mailing Address
 6126 CURRY FORD RD UNIT 147 6126 CURRY FORD RD UNIT 147
 ORLANDO FL 32822 ORLANDO FL 32822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 6053 WINDHOVER DR. 6053 WINDHOVER DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
 ORLANDO FL. ORLANDO FL. 02-0564562 Not Applicable

Zip -Country Zip -Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
 32819 - 32819

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 ROMERO, GOVINDA Name
 6126 CURRY FORD RD UNIT 147 Street Address (P.O. Box Number is Not Acceptable)
 ORLANDO FL 32822 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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State
 10. Election Campaign Financing Trust and Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - DIRECTOR - Govinda Romero 6053 Windhover Dr. Orlando FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 all other like empowered.

SIGNATURE: *Govinda Romero* 03-27-02 407 468-9889
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)