FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 90352 013 ***150.00

5/5

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000009806

1. Entity Name
FUN STAR, INC.

55046371

Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131	601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131
2. Principal Place of Business: 1000 Brickell Ave	3. Mailing Address: 1000 Brickell Ave.
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State: Miami, FL	City & State: Miami, FL
Zip 33131 Country US	Zip 33131 Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA PENA & BAJANDAS, LLP
601 BRICKELL KEY DRIVE SUITE 705
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Ricardo Bajandas, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Ave, Suite 900
City: Miami FL Zip Code 33131

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] Ricardo Bajandas 4/32/07
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, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE S NAME Ricardo Bajandas STREET ADDRESS 1000 Brickell Ave, Suite 900 CITY-ST-ZIP Miami, FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: [signature] Ricardo Bajandas Secretary 4/30/03 305 3770809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)