## FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PAZONONLINGUA



1. Entity Name							06-04-2003 90095 026 ***150.00			
STARKS + Starks Productions. Inc										
	DO NOT	WRITE	IN THIS	SPAC	E					
			TO THE SECOND SE		r <del>agion de</del> l'e L'arrivation					
Principal Place of Business     3. Mailing Address										
3600		Rd.7	4.0. Box 693421				_			
Suite, Apt.	340		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Miranal, Flar.			City & State			1	4. FEI Number  O 30 3 9 / 785  Not Applied For  Not Applied by			Applied For Not Applicable
Zip Country			Zip Country 33269 U.S.A.				5 Certificate of Status Desired \$8.75 Additional			
J 30 Z	33023 $u.s.A.$						Fee Required			
					7. Name and Address of Current Registered Agent					
DO NOT WIDITE					Kabin Starks					
DO NOT WRITE Street Address							(P.O. Box Number is Not Acceptable)			
IN THIS SPACE							10 240			
	Marie San Marie Ma				City	_1		FL	Zip (	Code
• • •		this statement for	the purpose of phonoin	a ita saniatara	d affica or		d agent, or both, in the Sta			3023
	fions of registered age		the barbose or changing	g its registere	d Office Of	registeret	d agent, or both, in the Sta	te or Florida. Fairi id	ALLINICAL VVI	m, and accept
		$\ll$					واسيه	0/2		
<b>IGNATURE</b>	Signature, typed or printed na	ame of registered agent an	nd title if applicable.	(NOTE: Registered	Agent signati	ure required w	then reinstating)	DATE		
. , Jai	nuary 1 - May 1 Fe						O. Florting Comp	-ia- Firensin-		
Make Check	'After May 1, Fee is Amended UBR is Payable to Florida	\$61.25	State				9. Election Camp Trust Fund Cor			5.00 May Be Ided to Fees
10.		OFFICERS AND D					27			
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12. Thereby o	ertify that the informa	tion supplied with t	his filing does not qualif	v for the exen	notion stat	ed in Sect	tion 119.07(3)(i), Florida S	atutes. I further cer	ify that th	ne 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 cr on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

322-9001

CR2E034B (12/02)