2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000055569

1. Entity Name
CYBERSTARZ NETWORK, INC.

FILED
03 JUN -5 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
200 S INDIAN RIVER DR SUITE 310 FT PIERCE, FL 34950	200 S INDIAN RIVER DR SUITE 310 FT PIERCE, FL 34950

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
607 Atlantic Ave	607 Atlantic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Pierce FL	City & State: Ft Pierce FL
Zip: 34950 Country: US	Zip: 34950 Country: US

4. FEI Number: 411 04 1825 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GAMOT, ALBERT J JR
315 5TH ST
WEST PALM BEACH, FL 33401

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, 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	PS ELLIOTT, RONALD B ~~3432 SE 28TH ST~~ 607 Atlantic Ave ~~OKEECHOBEE, FL 34972~~ Ft Pierce 34950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900020542209 06/05/03--01053--002 **550.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TURNER, EDWIN L 522 EAST MAIN FRANKLIN, NC 28734 ☐ 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

CR2E034 (10/02)

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: R B Elliott — 5/30/03 — 772-465-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 6/5