

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000110760

1. Entity Name
STAR BROADCASTING INC.



Principal Place of Business
**21 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32545**

Mailing Address
**21 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32545**



05092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2185288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HALE, RONALD E JR
21 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32545**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALE, RONALD E JR
21 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32545**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALE, JAMES F
21 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32545**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALE, JENNIFER F
21 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32545**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000564913
05/20/06-80095-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ronald E Hale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Hale *04/27/06* *850-244-1400*
Date Daytime Phone #