## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90466 008 \*\*\*150.00 **DOCUMENT # P03000070108** 1. Entity Name SUPERSTAR VIDEO, INC. 60045069 Principal Place of Business Mailing Address 12400 LAKE UNDERHILL DRIVE **631 WATERSCAPE WAY** ORLANDO, FL 32828 ORLANDO, FL 32828 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 51-0472716 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER, DAVID K Street Address (P.O. Box Number is Not Acceptable) 631 WATERSCAPE WAY ORLANDO, FL 32828 City Zip Code FL 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. Fam 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition FISHER, DAVID K NAME NAME STREET ADDRESS **631 WATERSCAPE WAY** STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ■ Addition FISHER, KIMBERLY J NAME NAME STREET ADDRESS **631 WATERSCAPE WAY** STREET ADDRESS ORLANDO, FL 32828 CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 apport 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 trustife empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

all other like empowered

changed, or on an attachment with an

SIGNATURE A

SIGNATURE:

**FILED**