


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90242 043 ***150.00

DOCUMENT # P03000070108

1. Entity Name
SUPERSTAR VIDEO, INC.



Principal Place of Business
**12400 LAKE UNDERHILL DRIVE
 ORLANDO, FL 32828**

Mailing Address
**631 WATERSCAPE WAY
 ORLANDO, FL 32828**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

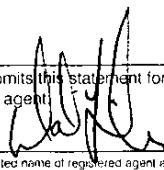
City & State
 Zip Country

City & State
 Zip Country

6. Name and Address of Current Registered Agent

**FISHER, DAVID K
 631 WATERSCAPE WAY
 ORLANDO, FL 32828**

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:  DATE: **4/28/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FISHER, DAVID K	
STREET ADDRESS	631 WATERSCAPE WAY	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	V	<input type="checkbox"/> Delete
NAME	FISHER, KIMBERLY J	
STREET ADDRESS	631 WATERSCAPE WAY	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:  **DAVID FISHER** DATE: **4/28/08** DAYTIME PHONE #: **407 277 8008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



02222008 Chg-P CR2E034 (12/06)

4. FEI Number **51-0472716** Applied For Not Applicable

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