


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000152807</b> 1. Entity Name STARZ, INC.	
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Principal Place of Business 2827 BOLTON BEND ORLANDO, FL 32817	Mailing Address P.O BOX 4278 WINTER PARK, FL 32792
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07122007 No Chg-P CR2E034 (11/05)


**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0494466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SALTER, COLIN T 2827 BOLTON BEND ORLANDO, FL 32817
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**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:  COLIN T. SALTER DATE: 12 JUL 07

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

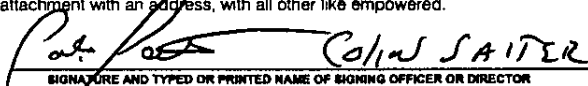
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SALTER, COLIN T 2827 BOLTON BEND ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SALTER, COLIN T CHAIRPE 2827 BOLTON BEND ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/20/07-80001-017 150.00

**DO NOT WRITE 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:  COLIN T. SALTER DATE: 12 JUL 07 DAYTIME PHONE #: 407-767-7827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR