FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18365** **(7)**

1. Corporation Name

BLACKSTAR COMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business

4450-L ENTERPRISE COURT
MELBOURNE FL 32934
US

Mailing Address

4450-L ENTERPRISE COURT
SUITE 100
MELBOURNE FL 32934
US

3. Date Incorporated or Qualified: **03/09/1988**

3a. Date of Last Report: **01/27/1995**

4. FEI Number: **59-2876925** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTSD	☐ DELETE	1.1 TITLE	CSD	☑ Change ☐ Addition
NAME	OXENDINE, JOHN		1.2 NAME	Oxendine, John	
STREET ADDRESS	1765 N STREET, NW, SUITE 100		1.3 STREET ADDRESS	1211 Connecticut Ave., NW, Suite 509	
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP	Washington, DC 20036	
TITLE	V	☐ DELETE	2.1 TITLE	PTD	☑ Change ☐ Addition
NAME	PARKER, ED		2.2 NAME	Parker, Ed	
STREET ADDRESS	4450-L ENTERPRISE COURT		2.3 STREET ADDRESS	1211 Connecticut Ave., NW, Suite 509	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Washington, DC 20036	
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	WILLIAMS, WESLEY		3.2 NAME		
STREET ADDRESS	1765 N STREET, NW, SUITE 100		3.3 STREET ADDRESS	1211 Connecticut Ave., N.W., Suite 509	
CITY-ST-ZIP	WASHINGTON DC		3.4 CITY-ST-ZIP	Washington, DC 20036	
TITLE	V	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, ED		4.2 NAME		
STREET ADDRESS	707 CANADICE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: Ed Parker 3/26/96 202-496-9280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #