

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


07-05-2005 90118 023 \*\*\*150.00  
FIL P93000000836  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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06302005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P93000000836</b>					
1. Entity Name <b>STAR TIME ENTERTAINMENT, INC.</b>					
Principal Place of Business <b>4747 NOB HILL RD. STE. #8 SUNRISE, FL 33351 US</b>			Mailing Address <b>4747 NOB HILL RD. STE. #8 SUNRISE, FL 33351 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>85-0386752</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BARITON, JACK P.A. 100 SOUTH PINE ISLAND RD SUITE 108 PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>100 N.W. 70th Ave - Suite # 203</b> City <b>PLANTATION, FL</b> Zip Code <b>33317</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREGMAN, LAURIE		NAME		
STREET ADDRESS	4747 NOB HILL RD, STE. #8		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREGMAN, BARRY		NAME		
STREET ADDRESS	4747 NOB HILL RD., STE. #8		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL		CITY-ST-ZIP		
TITLE	VPO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLEAN, DALE V		NAME		
STREET ADDRESS	4747 NOB HILL RD, STE. #8		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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: <u>Laurie Bregman</u>			Date: <u>6/29/05</u> Daytime Phone: <u>954-722-4040</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					