FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra R. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065824 (3)

EIGHT STAR PRODUCTIONS, INCORPORATED

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business 633 FARWOOD FOREST DR. CLEARWATER FL 34619		Mailing Address			i abbitabt ind oblad totta beitt autist dette atiet atiet atiet atiet beite state	
		633 FAIRWOOD FOREST DR. CLEARWATER FL 34619		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 09/16/1993	io di Aoc
2. Principal Pla	ace of Business	2a, Mailing Addr	ess		4. FEI Number 59-3205122	Applied For Not Applicable
Suite, Apt #	, etc	Suite, Apt. #,	elc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip 24	Country 25	7ip 29	30	ountry	This corporation owes or has paid the Personal Property Tax due June 30.	☐ Yes ☐ No
	Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent
PAP	PAS, GEORGE N			81 Name		
633 FAIRWOOD FOREST DR. CLEARWATER FL 34619					dress (P.O. Box Number is Not Acceptable)	
				83 84 City		. 85 Zip Code
				City	F	L as zip code
11. Pursuant to office or re agent I an	o the provisions of Sections 607.0 gistered agent, or both, in the Sta i familiar with, and accept the obt	502 and 607,1508, Florid de of Florida Such char igations of, Saction 607,	da Statutes, the l ige was authoriz 0505, Florida St	above-named cor ed by the corpora atutes	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE _	Signature: typoid or printed name of registaries is	would said the diamentable	/NOTE Requested	ed Agent signature requ	med when reinstation: DAT	F
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS A	··
TITLE	D	DE		TITLE		☐ Change ☐ Addition
NAME	PAPPAS, GEORGE N		12	NAME		
STREET ADDRESS	633 FAIRWOOD FOREST D	R.	■	STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34619	•••		CITY - ST - ZIP		
TITLE	OLD THE STATE OF T	DE		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
1						
CITY-ST-ZIP TITLE		DE DE		CITY-ST-ZIP		Change Addition
NAME			· ·	NAME		
i [I .		
STHEET ADDRESS				STREET ADDRESS		
City-St-ZiP Title		DE DE		CHY-ST-ZIP THLE		Change Addition
NAME				NAME		
STREET ADORESS				STREET ADDRESS		
!				CITY-ST-ZIP		
CITY-ST-ZIP TITLE				TITLE		Change Addition
NAME				NAME		
STHEET ADDRESS				STREET ADDRESS		
				· .		
CITY-ST-ZIP		Di Di		CITY-SI-ZIP TITLE		Change Addition
TITLE						ш онанде ш живноп
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP			6.4	CITY-ST-ZIP		

14. Thereby 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 annual report in supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 on an attachment with my address

SIGNATURE:

N. Fay

4-23-98 (813) 725-5557