1999

1. Corporation Name



DOCUMENT # **P94000072580**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90100 032 ***150.00

STAR MEDIA, INC.		
_	·	
I Place of Business	Mailing Address	

Principal Place of Business Mailing Address		·		
SUITE 204 AVENTURA FL 33180 AVENTURA FL 33180 AVENTURA FL 33180 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Applied For 55-0057228 3. Date Incorporated or Qualified 10//04/1994 4. FEI Number 5. Certificate of Status Desired \$8.75 Additions \$8.7	Principal Place of Business	Mailing Address		THE
3. Date Incorporated or Qualifed 10/04/1994 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State Of Status Desired 2c. State Control Campaign Financing 2c. Fee Required 2c. City & State Of Status Desired 2c. City & St	SUITE 204	SUITE 204		DO NOT WRITE IN THIS SPACE
21 26 55-0057228 Not Applicate Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Zip Country 30 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Election Campaign Financing Trust Fund Contribution Added to Fees Not Applicate Fee Required \$5.00 May Be Added to Fees Added to Fees Not Personal Property Tax. Significant Not Applicate File Loston Campaign Financing Personal Property Tax. Significant Not Applicate Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent FIELDSTONE, RONALD 200 S BISCAYNE BLVD Suite, Apt. #, etc. 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Added to Fees No No Personal Property Tax. Street Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent FIELDSTONE, RONALD 200 S BISCAYNE BLVD Suite, Apt. #, etc. 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Added to Fees No No Personal Property Tax. Street Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	21	26		55-0057228 Not Applicable
City & State 23 24 25 29 29 20 20 20 20 20 20 20 20	Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional
Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent FIELDSTONE, RONALD 200 S BISCAYNE BLVD 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	City & State			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FIELDSTONE, RONALD 200 S BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable)			Country	S. This corporation of the same states of the same
FIELDSTONE, RONALD 200 S BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable)				10. Name and Address of New Registered Agent
	200 S BISCAYNE BLVD		82	2 Street Address (P.O. Box Number is Not Acceptable)

MIAMI FL 33131

	Personal Property Tax.		
	10. Name and Address of New Registere	d Agent	
8	1 Name		
8	2 Street Address (P.O. Box Number is Not Acceptable)		
8	3		
8	4 City	L 85 Zi	p 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	ALIVE OF	egistered Agent signature	required when reinstation) DATE		
42	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PD DELETE	1.1 TITLE	VD	Change	Addition
NAME	LASRY, PASCAL	1.2 NAME	LASRY , PASCAL		
STREET ADORESS	21000 NE 28TH AVE	1.3 STREET ADDRESS	21000 NE 28th Que.		
	AVENTURA FL 33180	1.4 CITY-ST-ZIP	Aventura, FL 33180		
CITY-ST-ZIP	DELETE	2.1 TITLE	D	Change	Addition
	٠.		1 Y		_
NAME		2.3 STREET ADDRESS	HUNT, CATHERINE 21000 NE 284 AVE.		
STREET ADDRESS		2.3 STREET ADDRESS	Aventura, FL 33180		
CITY-ST-ZIP	☐ DELETE	3.1 TITLE	NVENEUT W, F C 35180	Change	Addition
-	C) Dettere	3.2 NAME		_ ,	_
NAME		3.3 STREET ADDRESS			
STREET ADDRESS					
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TTLE		Change	Addition
TITLE	D DELETE			Straings	Д, ш.
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	□ pereze	4.4 CITY-ST-ZIP		Change	☐ Addition
TITLE	DELETE	5.1 TITLE 5.2 NAME			
NAME					
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			FTT Addition
TITLE	. DELETE	6.1 TITLE		Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
		64 CITY-ST-ZIP	1		

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

