

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 # **P94000086347 (9)**

1. Corporation Name

E.J.M. STAR TIME ENTERTAINMENT, INC.

Principal Place of Business

**7041 W COMMERCIAL BLVD SUITE 6A
TAMARAC FL 33319**

Mailing Address

**7041 W COMMERCIAL BLVD SUITE 6A
TAMARAC FL 33319**



3. Date Incorporated or Qualified
12/05/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **4747 N.B. Hill Rd.**

2a. Mailing Address

26 **4747 N.B. Hill Rd**

4. FEI Number
65-0541885

Applied For
Not Applicable

22 **Suite #8**

Suite, Apt. #, etc.

27 **Suite #8**

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

23 **SUNRISE**

City & State

28 **SUNRISE**

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

24 **33351**

Country

25 **USA**

29 **33351**

Country

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARITON, JACK
7800 W OAKLAND PARK BLVD
SUNRISE FL 33351**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE
NAME **BREGMAN, BARRY**
STREET ADDRESS **7041 W COMMERCIAL BLVD**
CITY- ST- ZIP **TAMARAC FL 33319**

TITLE **VD** ☐ DELETE
NAME **MIRABEL, EVAN J**
STREET ADDRESS **345 W JOHN STREET**
CITY- ST- ZIP **HICKSVILLE NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **ADDRESS ONLY**
1.3 STREET ADDRESS **4747 N.B. Hill Road - Suite #8**
1.4 CITY- ST- ZIP **SUNRISE, FL 33351**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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)(k), 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.

SIGNATURE:

Barry Bregman - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

954-722-4040

Date

Daytime Phone #

CR2E034 (12/95)