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Mailing Address

102 S. SPRING GARDEN AVE.

DELAND FL 32720-5138

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

-01/31/97--01007--028

***165.00

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000036654 (7) DOCUMENT #

STARLIGHT VIDEO INC.

Principal Place of Business

DELAND FL 32720

NAME

STREET ADDRESS

CITY-ST-ZIP

102 S. SPRING GARDEN AVE.

3a. Date of Last Report 3. Date Incorporated or Qualified 04/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 3375831 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zıç 8. This corporation has liability for intangible tax under s. 199.032, Yes XNo 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 HEFFNER, ROBERT 102 S. SPRING GARDEN AVE. Street Address (P.O. Box Number is Not Acceptable) **DELAND FL 32720** 83 RΔ City 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. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature Appeal or printed transpolingulared agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition TITLE t.1 TITLE CR2E034 NAME ROBERT HEFFUER 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY - ST - ZIP DELE1E Change Addition TITLE 2.1 TITLE 2.2 NAME MF BRENDA HEFFUER 2.3 STREET ADORESS JREET ADDRESS 102 s spring Gaden Ave CITY - S1 - 21F 32720 2 4 CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-\$1-7(2) DELETE Change ____ Addition THLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-S1-ZIP DELETE Change Addition THILE 51 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CHTY-ST-70P Change DELETE Addition TITLE 61 TITLE 400002074414 6.2 NAME

6 3 STREET ADDRESS

6.4 City - ST - ZiP 14. I do 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