

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037364

1. Entity Name
STARDOM SALES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90177 008 ***150.00

Principal Place of Business 3839 N. MONROE ST. SUITE 7 TALLAHASSEE FL 32303	Mailing Address 3839 N. MONROE ST. SUITE 7 TALLAHASSEE FL 32303-2175
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5172 126th AVE. N. Suite, Apt. #, etc.	3. Mailing Address 5172 126th AVE. N. Suite, Apt. #, etc.
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City & State Clearwater, FL.	City & State Clearwater, FL.	4. FEI Number 59-3375113	Applied For <input type="checkbox"/> Not Applicable
Zip 33760	Country USA	Zip 33760	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PANNELLI, DOMINIC J
3839 N. MONROE ST.
SUITE 7
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name **PANNELLI, DOMINIC J.**
Street Address (P.O. Box Number is Not Acceptable)
5172 126th AVE N.
City **Clearwater** FL Zip Code **33760**

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.

SIGNATURE **DOMINIC J. PANNELLI** DATE **4/14/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE VST	<input type="checkbox"/> Delete
NAME PANNELLI, DOMINIC J	
STREET ADDRESS 3531 PACES MILL RD.	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE P	<input type="checkbox"/> Delete
NAME PANNELLI, LYNDA D	
STREET ADDRESS 3531 PACES MILL RD.	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5172 126th AVE N.	
CITY-ST-ZIP Clearwater, FL. 33760	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5172 126th AVE. N.	
CITY-ST-ZIP Clearwater, FL. 33760	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **DOMINIC J. PANNELLI** DATE **4/14/00** DAYTIME PHONE # **727-299-9515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)