

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

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 MAY -1 AM 6:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **996000092258**

1. Corporation Name

**Black Star Entertainment inc**

Principal Place of Business

Mailing Address

**SAME AS BELOW**

10/4/96

3. Date Incorporated or Qualified

3a. Date of Last Report

10/4/96

2. Principal Place of Business

2a. Mailing Address

21. **1577 A JACKS DR**

26. Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

**TALLAHASSEE, FL**

28. City & State

24. Zip

Country

29. Zip

Country

**32301**

**U.S.A.**

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANTOINE KHOURI**  
**1854 West Pensacola St**  
**TALLAHASSEE, FL 32304**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **SENIOR PRODUCER**  DELETE  
NAME: **ANTOINE KHOURI**  
STREET ADDRESS: **1854 W. Pensacola ST B-5**  
CITY-ST-ZIP: **TALLAHASSEE - FL - 32304**

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:

TITLE: **EXECUTIVE PRODUCER**  DELETE  
NAME: **KENNETH BODIE**  
STREET ADDRESS: **1577 A JACKS DR**  
CITY-ST-ZIP: **TALLAHASSEE, FL - 32301**

2.1 TITLE:  Change  Addition  
2.2 NAME: **800002162618--1**  
2.3 STREET ADDRESS: **-05/01/97--01125--016**  
2.4 CITY-ST-ZIP: **\*\*\*\*165.00 \*\*\*\*165.00**

TITLE: **ASSOCIATE EXECUTIVE**  DELETE  
NAME: **EDRICK GAY**  
STREET ADDRESS: **1577 A JACKS DR**  
CITY-ST-ZIP: **TALLAHASSEE - FL - 32301**

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

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

*Antoine Khouri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1, 1997  
Date

575-5905  
Daytime Phone #

CR2E034 (9/96)