

DOCUMENT # P97000018478

1. Entity Name

LASER STAR ENTERTAINMENT, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 4801 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 | 4801 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 |

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|----------------|
| 4. FEI Number 65-0748433 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| 6. Name and Address of Current Registered Agent | |
|---|------------------|
| PERETZ, STEVEN I 1970 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI FL 33131 | Name |
| | Street Address (|
| | |
| | City |

| | |
|---|----------|
| 7. Name and Address of New Registered Agent | |
| | |
| P.O. Box Number is Not Acceptable) | |
| | |
| FL | Zip Code |

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

| | | | |
|---|--|---|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p> | <p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution.</p> | <p>\$5.00 May Be Added to Fees</p> |
|---|--|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PERETZ, DAVID 4801 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

434-981-4500
Daytime Phone #

CR2E034 (10/00)