2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000029622** May 16, 2000 8:00 am Secretary of State 1. Entity Name WORLD STAR, INC. 05-16-2000 90047 027 ***150.00 Principal Place of Business Mailing Address STE. 1. 5117 CASTELLO DR. STE. 1. 5117 CASTELLO DR. NAPLES FL 34103 NAPLES EL 34133-0279 Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ೦ಡ೦ 4. FEI Number Applied For 65-0750974 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMBURN, JAMES W -5117 CASTELLO DE SUITE 1 NAPLES FL-34103 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Addition TITLE ☐ Delete TITLE HILZINGER, KARIN NAME NAME -8]E. 1, 5117 CASTELLO DR? STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF NAPLES FL 34103 ☐ Addition ☐ Delete TITLE TIT! F HILZINGER, DENISE NAME NAME STE. 1. 5117 CASTELLO DR. STREET ADDRESS STREET ADDRESS NAPLES FL 34103-CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED