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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000041902 (2) DOCUMENT #

STARSTRUCK ENTERTAINMENT, INC.

Principal Place of Business Mailing Address 325 PASSAGE WAY 325 PASSAGE WAY OSPREY FL 34229 OSPREY FL 34229 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65--0753 U32 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BROWNING, ROBERT W JR 1800 SECOND ST., STE. 755 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 City Zip Code 85 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. name of registered agent and title if applicable (NOTE: Registered Agent signal

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DIVECTOV DELETE 1.1 TITLE Change Rodition TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 # CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Chapne Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. 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 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 trusted 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:

2/10/48

FILED

Apr 24 1998 8:00am

Secretary of State