FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000102706 (3) BRIGHT STAR, A FINANCIAL PUBLIC RELATIONS FIRM. INC. lailing Address Frincipal Nace of Business 1900 NE 20TH AVENUE 1900 NE 20TH AVENUE MIAMI FL 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1997 4. FEI Number 65-0806860 2. Principal Place of Business Mailing Address Applied For Not Applicable 19000\NE_20_Avenue 19000 NE \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 <u>Miami,</u> Florida Country Miami This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUBINSTEIN, JEFFREY D 200 SE FIRST STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1100 MIAMI FL 33131** 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flohda 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 Registered Agent signal ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE J.3 TITLE Change Addition TITLE SILVERMANN, CRAIG L 1.2 DAME NAME 1.3 STREET ADDRESS 19000 NE 20TH AVE STREET ADDRESS **MIAMI FL 33179** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3 1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition | 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS 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 trustee empowared 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.

2/16/98

305 936-0149

CITY-ST-ZIP

CIGNATURE: