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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000015941

1. Corporation Name

RISING STAR PRODUCTIONS LIMITED, INC.

		,			
Principal Place	of Business	Mailing Address			TIBELIDER III SIEST IEIL SERLI
1610 PARAGON RD SE PALM BAY FL 32909 PALM BAY FL 32909					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 02/11/1998
2. Principal Pl	2a. Mailing Address			4. FEI Number Applied For	
21 26				····	57-34938/4 Not Applicab
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired
22		City & State			to the state of th
City & State	В	28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible
24	25	_ 1	30		Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent
PHII	LIPS, GREGORY L			oi Name	
1610 PARAGON RD SE				B2 Street	et Address (P.O. Box Number is Not Acceptable)
PALM BAY FL 32909			- 1	B3	
			Ĺ		
			1	84 City	FL 85 Zip Code
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was aut ations of, Section 607.0505, Flori	ithorized ida Statut	by the con tes.	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered proporation when reinstating. DATE
	Signature, typed or printed name of registered age			igent signature	
12.	D// OFFICERS AI	ND DIRECTORS	13.	E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	PHILLIPS, GREGORY L		1.1 MAN		SI JOUGE PHILLIPS
STREET ADDRESS	1610 PARAGON RD SE			 EET ADDRESS	OHRISTIANE LOUISE PHILLIPS 160 PARAGON POSE POLIN BAY FL 32409
CITY-ST-ZIP	PALM BAY FL 32909			/-ST-ZIP	Par Ban RL 32908
TITLE	THE SECOND	DELETE	2.1 TITL		Change Addit
NAME			2.2 NAM	AE.	
STREET ADDRESS			2.3 STR	EET ADDRESS	SS .
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	3.1 TITL	E	☐ Change ☐ Addit
NAME			3.2 NAM	Æ	The state of the s
STREET ADDRESS			3.3 STR	EET ADDRESS	ss
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	4.1 TITL	E	☐ Change ☐ Addit
NAME			4. 2 NAJ	ME	·
STREET ADDRESS			4.3 STR	EET ADORESS	ss
CITY ST 7ID			A A CITY	/- ST- 7IP	

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 of the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in indicated on this annual report or suppofficer or director of the corporation of Block 12 or Block 13 if changed, or on with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

GREGORY - C PHILLIPS
SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

☐ Change

Change

☐ Addition

☐ Addition