

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000021151**

1. Entry Name  
**STAR POWER PUBLISHING, INC.**



Principal Place of Business  
**4019 78TH DRIVE EAST  
SARASOTA, FL 34243**

Mailing Address  
**4019 78TH DRIVE EAST  
P.O. BOX 581  
TELLECAST, FL 34270-0581**



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0820748**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHAW, ALAN R  
4019 78TH DRIVE EAST  
SARASOTA, FL 34243**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000909786  
05/06/08-80084-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
STALLONE, JACQUELINE  
323 SAN VINCENTE BLVD APT B  
SANTA MONICA, CA 904021629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
SHAW, ALAN R  
4019 78TH DRIVE EAST  
SARASOTA, FL 34243**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not indicate on this report or supplemental report is true and accurate as of the corporation or the receiver or trustee empowered to execute the changed, or on an attachment with an address, with all other like errors, omissions contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #