


FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90059 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000073889

1. Corporation Name
NEWSTAR USA, INC.



Principal Place of Business 300 INTERNATIONAL PKWY., SUITE 270 HEATHROW FL 32746	Mailing Address 300 INTERNATIONAL PKWY., SUITE 270 HEATHROW FL 32746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/11/1998	4. FEI Number 59-3530114	Applied For <input checked="" type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent LEE, STEVEN C 800 N. MAGNOLIA AVE., SUITE 1500 ORLANDO FL 32803		10. Name and Address of New Registered Agent		
B1 Name Peter S Cahall	B2 Street Address (P.O. Box Number is Not Acceptable) 300 Intl Pkwy Ste 270	B3	B4 City Heathrow	B5 Zip Code FL 32746

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.

SIGNATURE: Peter S Cahall DATE: 4-27-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETHERLAND, EDWARD H	1.2 NAME	
STREET ADDRESS	230 4TH AVE. N., SUITE 401	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37219	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETHERLAND, EDWARD H	2.2 NAME	
STREET ADDRESS	230 4TH AVE. N., SUITE 401	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37219	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPISI, JAMES M	3.2 NAME	
STREET ADDRESS	300 INTERNATIONAL PKWY., SUITE 270	3.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cahall, Peter	4.2 NAME	Peter S Cahall
STREET ADDRESS	300 Intl Pkwy Ste 270	4.3 STREET ADDRESS	300 Intl Pkwy Ste 270
CITY-ST-ZIP	Heathrow FL 32746	4.4 CITY-ST-ZIP	Heathrow FL 32746
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: Peter S Cahall DATE: 4-27-99 DAYTIME PHONE: 407-333-2905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)