FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91181 036 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083437

1. Entity Name
Northstar Pictures Corporation

C0069865

Principal Place of Business	Mailing Address
Northstar Pictures Corporation 3043 Curry Ford Rd Suite 3 Orlando, FL 32806	~~Northst.~~ 3043 Curry Ford Rd Suite 3 Orlando, FL 32806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3043 Curry Ford Rd	3043 Curry Ford Rd
Suite, Apt. #, etc.: Suite 3	Suite, Apt. #, etc.: Suite 3
City & State: Orlando, Florida	City & State: Orlando, FL
Zip: 32806 Country: USA	Zip: 32806 Country: USA

4. FEI Number 59-3578871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Alexander von Pelet 12349 Shadowbrook Lane Orlando, FL 32828	Name: Street Address (P.O. Box Number Is Not Acceptable): City: FL Zip Code:

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.

SIGNATURE ____________________ 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[illegible]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alexander von Pelet 12349 Shadowbrook Lane Orlando, FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David W Brame 13805 Sunshowers Circle Orlando, FL 32828 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-30-01 407-898-8263