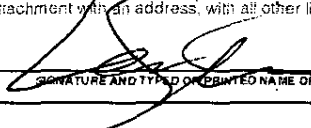


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90031 028 ***150.00

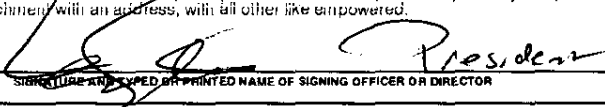
DOCUMENT # P99000005206 1. Entity Name SINISTAR COMMUNICATIONS, INC.					
Principal Place of Business 9090 HOGAN ROAD JACKSONVILLE, FL 32216			Mailing Address C/O MARKS & DEVINE 23801 CALABASAS RD., STE. 2004 CALABASAS, CA 91302		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2552361	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COURTACCESS CENTERS OF AMERICA, INC. 3249 W. CYPRESS STREET SUITE C TAMPA, FL 33607				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALEY, LEX 23801 CALABASAS RD., STE. 2004 CALABASAS, CA 91302 ☐ 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	
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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	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 7/6/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

54061923

07062004 Chg-P CR2E034 (10/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment

DOCUMENT # P99000005206 1. Entity Name SINISTAR COMMUNICATIONS, INC.		
Principal Place of Business 9090 HOGAN ROAD JACKSONVILLE, FL 32216	Mailing Address C/O MARKS & DEVINE 23801 CALABASAS RD., STE. 2004 CALABASAS, CA 91302	
DO NOT WRITE IN THIS SPACE		
07062004 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-2552361		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COURTACCESS CENTERS OF AMERICA, INC. 3249 W. CYPRESS STREET SUITE C TAMPA, FL 33607		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	STALEY, LEX	
STREET ADDRESS	23801 CALABASAS RD., STE. 2004	
CITY - ST - ZIP	CALABASAS, CA 91302	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  President 7/6/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Attachment

Neal S. Marks
C.P.A., M.S. Taxation

Marks & Devine
Certified Public Accountants

54061923
Timothy A. Devine
C.P.A.

July 6, 2004

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Sinistar Communications, Inc.
Document # P99000005206

To Whom It May Concern:

We never received the original 2004 Annual Report form. Therefore, we request abatement of the late fine of \$400.00. We have always filed in a timely manner in the past. Please forgive our over sight of this year.

Enclosed is a check for the filing fee of \$150.00.

Please contact us regarding the abatement of the late fine.

If you need additional information, please call the number below.

Respectfully,



Timothy A. Devine, CPA

Encl: 2