

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059368

1. Entity Name

NIGHTSTAR INTERNATIONAL MUSIC GROUP, INC.

Principal Place of Business

Mailing Address

3340 S.E. FEDERAL HIGHWAY #279  
STUART FL 34997

3340 S.E. FEDERAL HIGHWAY #279  
STUART FL 34997-4914

2. Principal Place of Business

3340 S.E. Fed Hwy  
Suite, Apt. #, etc.  
# 279

City & State

STUART FL

Zip  
34997

Country  
USA

3. Mailing Address

3340 S.E. Fed Hwy  
Suite, Apt. #, etc.  
# 279

City & State

STUART FL

Zip  
34997

Country  
USA

4. FEI Number

65-0930550

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

RENEE, ALEX  
3340 S.E. FEDERAL HIGHWAY #279  
STUART FL 34997

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

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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 ☐ Delete  
Dee Debartoli  
President  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
PAUL MCCARROLL  
Secretary  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Dee Debartoli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00  
Date

Daytime Phone #

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90070 046 \*\*\*158.75

951994



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)