

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-20-2002 90240 001 ***150.00
 05-20-2002 90240 002 *****8.75

DOCUMENT # P99000059368

1. Entity Name
NIGHTSTAR INTERNATIONAL MUSIC GROUP, INC.

Principal Place of Business
3340 S.E. FEDERAL HIGHWAY #279
STUART FL 34997

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0930550

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 Alex Renee
 Street Address (P.O. Box Number is Not Acceptable)
9429 Harding Ave #10
 City Surfside **FL** Zip Code 33154

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MCCARROLL, PAUL**
STREET ADDRESS **3340 S.E. FEDERAL HIGHWAY #279**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE **VP** ☐ Delete
NAME **DEBARTOLL, DEE**
STREET ADDRESS **3340 S.E. FEDERAL HIGHWAY #279**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE **TREASURER** ☐ Delete
NAME **PAUL MCCARROLL**
STREET ADDRESS **3340 S.E. Fed. Hwy #279**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE **Secretary** ☐ Delete
NAME **Dee De Bartoli**
STREET ADDRESS **3340 S.E. Fed. Hwy #279**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/20/02
 Date

Daytime Phone #

CR2E034 (9/01)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000059368**
1. Entity Name
NIGHTSTAR INTERNATIONAL MUSIC GRP INC.

DO NOT WRITE IN THIS SPACE

Attachment
95165

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
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
650930550 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Alex Renee
Street Address (P.O. Box Number is Not Acceptable)
9429 Harding Ave #10
City
Surfside FL Zip Code
33154

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 of person named as registered agent and holder of corporation) (Signature of registered agent (signature not required when corporation is a corporation)) DATE _____

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAUL MECARROLL 3340 S.E. Fed Hwy # 279 STUART FL. 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Dee Debartoli 3340 S.E. Fed Hwy # 279 STUART FL. 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PAUL MECARROLL 3340 S.E. Fed Hwy # 279
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY STUART FL. Dee Debartoli 34997 3340 S.E. Fed Hwy # 279
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STUART FL 34997
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like information.

SIGNATURE: Paul McCarroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02
Date

Daytime Phone #

CR200348 (12/01)