## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 21, 2000 8:00 am Secretary of State DOCUMENT # P99000066672 1. Entity Name STAR LIGHT PUBLICATIONS, INC. 08-21-2000 90214 037 \*\*\*558.75 Principal Place of Business Mailing Address 140 TARRY TOWN TR. 140 TARRY TOWN TR. LONGWOOD FL 32750 LONGWOOD FL 32750 A0073614 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jenny LEE, JENNY 140 TARRY TOWN TR. LONGWOOD FL 32750 8. The above pamed 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition D TITI F PD Change TITLE ☐ Delete Jenny Leve LEE, JENNY NAME NAME 6749 Tiffany Rose PL STREET ADDRESS STREET ADDRESS 140 TARRY TOWN TR. CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 sanford P Addition Change ☐ Delete TITLE TITLE David Lee NAME NAME 6749 Tiffany Rose PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP . Change Addition □ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP المستناف الموأر أوارا ☐ Change Addition 1847年 · 新加州 TITLE Delete TITLE T.最 (13) 株 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.