2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000079197

Entity Name: STAR MILLENNIUM GROUP, INC.

FILED Apr 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

124 HIDDEN OAK DR 801 WEST HIGHWAY 436

LONGWOOD, FL 32779 ALTAMONTE SPRINGS, FL 32716

Current Mailing Address: New Mailing Address:

124 HIDDEN OAK DR POST OFFICE BOX 160039 LONGWOOD, FL 32779 ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3602144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEIMAN, NEIL M
124 HIDDEN OAK DR
LONGWOOD, FL 32779

PEIMAN, NEIL M
2170 MARKHAM WOODS ROAD
LONGWOOD, FL 32779

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: 04/11/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 PEIMAN, NEIL M
 Name:
 PEIMAN, NEIL M

 Address:
 124 HIDDEN OAK DR
 Address:
 P.O. BOX 160039

City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete Title: () Change () Addition Name: NELSON, JAMES S Name:

Address: 1428 LITCHAM ROAD Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: MARQUEZ-PEIMAN, SARAH Name: MARQUEZ-PEIMAN, SARAH

Address: 124 HIDDEN OAK DRIVE Address: P.O. BOX 160039

City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ALTAMONTE SPRINGS, FL 32716

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH MARQUEZ-PEIMAN VP 04/11/2002