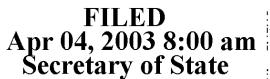
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



1. Entity Name STAR BEVEL STUDIO, INC.								04-04-2003 90061 031 ***150.00					
Principal Place 6347 HWY 301 RIVERVIEW FL US	S .	P.O. E	Mailing Address P.O. BOX 1268 RIVERVIEW FL 33568-1268 US										
2. Principal Pl	lace of Busine	ss	3. Mailing Address					L FROMBIR HIS BONIN BURN HARB DURN	0011 01011 0 1				
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					_	
City & State			City & State				4. F	59-3050509 Not Appl			pplied For ot Applicable	-	
Zip		Country	Zip		Coun	try		Certificate of Status Desired		\$8.75 Ad Fee Require			
	- 6. Name i	and Address of Curren	t Registere	d Agent			7:-N	lame and Address of New Re	gistered	Agent]-	
						Name		,				ľ	
SLOAN, CALVIN 6347 HWY 301 S.						Street Address	(P.O. Box Number is Not Acceptable)						
RIVERVIEW	V FL 33569												
						City			FL	⁻ 1 .			
	named entity ions of registe		or the purp	ose of changing its	register	ed office or registe	red age	ent, or both, in the State of Flori	da. Lam	familiar with	, and accept		
SIGNATURE .	Signature, typed o	i: r printed name of registered agen	t and title if app	olicable. (NOTE	Registere	d Agent signature require	d when re	instaling)	DATE			-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Fina Trust Fund Contribution.			00 May Be d to Fees		
10.		OFFICERS AND	DIRECTO	PRS	11.		AD	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 11	1	
ŢITLE NAME	PST SLOAN, CA 6347 HWY RIVERVIEW	301 S.		☐ Delete		l	-			☐ Change	Addition	(00/01/100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1117511735	11 00000		☐ Delete						☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				☐ Change	Addition	=	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·	sh shi z 200-	☐ Delete	CITY	E EET ADDRESS -ST-ZIP	ootion	119 07(3Vi) Florida Statutes II	further ac	Change	Addition		

Interest 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 of 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 AND THE PROPERTY OF A MANUAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR