

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90070 009 \*\*\*150.00

DOCUMENT # **S73705**  
1. Entity Name  
**FIVE STAR PRODUCTIONS USA, INC.**

Principal Place of Business	Mailing Address
430 S CONGRESS AVE DELRAY BEACH FL 33445 US	430 S CONGRESS AVE DELRAY BEACH FL 33445 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0488368	Applied For
	65-0277765	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOLLEY, SCOTT  
430 S CONGRESS AVE  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent		
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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>
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[illegible]

<b>12.</b>						<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition							

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/01)

Attachment



# S 73705



746242

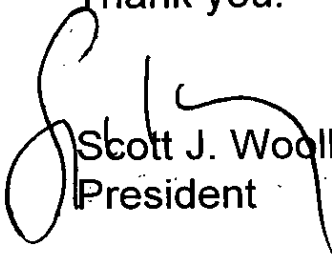
February 18, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Please see our document #S73705 for Five Star Productions USA Inc.. Box number 4 lists the FEI number as 65-0488368. This is incorrect. Our FEI number is and has been 65-0277765.

Please let us know if we must do anything else to get this number changed. You can reach me at 561-279-7827 x. 347.

Thank you.

  
Scott J. Woolley  
President