

1.) CORPORATION NAME:

StarLight Creative Arts Center

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

**AISHA RENEE PARKS
1117-108 CENTERVILLE TURNPIKE
VIRGINIA BEACH, VA 23464**

SCC ID NO: **07168800**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5020 FERRELL PARKWAY
SUITE 205-127

CITY/ST/ZIP: VIRGINIA BEACH, VA 23464-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOSEPH C. SCHALOFF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	101 EASTLAWN DRIVE		
CITY/ST/ZIP/CO:	HAMPTON, VA 23664-		
NAME:	ANTIPAS HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 REGENT UNIVERSITY DRIVE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23464-		
NAME:	ERROLL JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1720 LEGARE LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23464-		
NAME:	EMILY COY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3066 BOSCO COURT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23453-		
NAME:	BARBARA BRINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2289 LYNNHAVEN PARKWAY		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23456-		

NAME: MICHELLE S. HUIET TITLE: DIRECTOR ADDRESS: 571 LEE ROAD CITY/ST/ZIP/CO: SALEM, AL 36874-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JUDELLIA COLE TITLE: DIRECTOR ADDRESS: 5512 HOMEWARD DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: AISHA R. PARKS TITLE: PRESIDENT ADDRESS: 5512 HOMEWARD DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ADRIA JENKINS JONES TITLE: SECRETARY ADDRESS: 1300 PANTIGO LANE APT# 306 CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ AISHA R. PARKS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>AISHA R. PARKS, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>11/13/2011</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		