

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J76008

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** FLICKERLITE BAR & PIZZA RESTAURANT, INC.

**Current Principal Place of Business:**

C/O JOAN F. CAPONE  
4100 N 35 AVENUE  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOAN F. CAPONE  
4100 N 35 AVENUE  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 59-2841512      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAPONE, JOAN F.  
4100 N 35 AVENUE  
HOLLYWOOD, FL 330218914 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CAPONE, KARIN  
Address: 1014 N. OCEAN DR  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD  
Name: CAPONE, RICHARD  
Address: 1014 N. OCEAN DR  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D  
Name: CAPONE, JOAN F.  
Address: 4100 N. 35TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD  
Name: VIVACUE, PATRICIA J.  
Address: 1014 N OCEAN DR  
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD  
Name: CAPONE, JOHN  
Address: 1014 N OCEAN DR  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: JOAN F. CAPONE

D

04/23/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date