FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90045 007 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000410

90100604

1. Entity Name
STAR LIGHT INTERNATIONAL PRODUCTIONS & SHOWS, INC.

Principal Place of Business	Mailing Address
PO BOX 6513 FORT MYERS, FL 33911	PO BOX 6513 FORT MYERS, FL 33911

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0975537 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAJAHAN, ABDUL K 1515 MEMOLI LANE 1-E FORT MYERS, FL 33919	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

FILE NOW - FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SHAJAHAN, ABDUL K STREET ADDRESS 1515 MEMOLI LANE 1-E CITY-ST-ZIP FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPD NAME MOHAN, MATHEW STREET ADDRESS 1515 MEMOLI LANE 1-E CITY-ST-ZIP FORT MYERS, FL 33919	☒ Delete	TITLE VPD NAME THOMAS OOMMEN STREET ADDRESS 1515 Memoli LN #1E CITY-ST-ZIP Ft. Myers FL-33919	☐ Change ☐ Addition
TITLE SD NAME REJI, MOHAMED S STREET ADDRESS 1515 MEMOLI LANE 1-E CITY ST ZIP FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 the 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the other like empowered.

SIGNATURE: _____ 04-16-03

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

CFCE0307 (10/02)