


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90347 001 \*\*\*150.00

<b>DOCUMENT # P00000080783</b>	
1. Entity Name GREEN LIGHT SOFTWARE, INC.	

Principal Place of Business 600 SW 4TH AVE FT LAUDERDALE, FL 33315	Mailing Address 600 SW 4TH AVE FT LAUDERDALE, FL 33315
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1064061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SILVER, JASON  
 600 SW 4TH AVE  
 FT LAUDERDALE, FL 33315

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVER, JASON 600 SW 4TH AVE FT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANDOM, LOEB 600 SW 4TH AVE FT LAUDERDALE, FL 33315
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X  Jason Silver, Pres. X 1/30/04 X 951-761-8282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #