


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 JUL -9 PM 3:02

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|--|--|---|
| DOCUMENT # P02000041263 | |  | |
| 1. Entity Name SHINE ON, INC. | | | |
| Principal Place of Business 550 BILTMORE WAY, SUITE 890 CORAL GABLES, FL 33134 | | Mailing Address 550 BILTMORE WAY, SUITE 890 CORAL GABLES, FL 33134 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301 | | 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 _____ | |
| Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when electing) | | | |
| FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, P Leonard A. Roudner 550 Biltmore Way, #890 Coral Gables, Fl 33134 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 registered agent, and that I am duly 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: _____ | | Date: 7-14-03 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

000021760970
 07/24/03--01013--016 **150.00



CHECK HERE IF MAKING CHANGES

MRD

CFR2034 (10/02)

LEONARD A. ROUDNER, M.D., F.A.C.S., P.A.
Diplomate, American Board of Plastic Surgery
PLASTIC AND RECONSTRUCTIVE SURGERY

Secretary of State
Tallahassee, Florida 32301

July 3, 2003

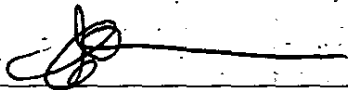
Re: Lar, Inc., Shine On, Inc., the "Corporations"

Dear Ladies and Gentlemen:

We are requesting that the Secretary of State waive the late fee filing penalty of \$800.00 for the Corporations.

Please be advised that the building we are located in has had mail problems and we did not receive the original 2003 Uniform Business Reports for the Corporations.

Very truly yours,



Leonard A. Roudner, M.D., P.A.