

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90125 047 ***150.00

DOCUMENT # P99000019931

1. Entity Name
LIGHTHOUSE PRESS, INC.

Principal Place of Business 2650 NE 52ND STREET LIGHTHOUSE POINT FL 33064-7052	Mailing Address 2650 NE 52ND STREET LIGHTHOUSE POINT FL 33064-7052
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3050 NE 48TH Court Suite, Apt. #, etc. # 104 City & State Lighthouse Point FL Zip 33064	3. Mailing Address 3050 NE 48TH COURT Suite, Apt. #, etc. # 104 City & State Lighthouse Point FL Zip 33064
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4. FEI Number X 65-0899413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, STEPHEN G
2650 NE 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

7. Name and Address of New Registered Agent
 Name: **Richard, Ronald J.**
 Street Address (P.O. Box Number is Not Acceptable): **3050 NE 48TH COURT # 104**
 City: **Lighthouse Point FL** Zip Code: **33064**

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.

SIGNATURE: *[Signature]* **Ronald Richard, President** DATE: **X April 21, 2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE PSTD	<input type="checkbox"/> Delete
NAME RICHARD, RONALD	Error
STREET ADDRESS 2650 NE 52ND STREET	
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064-7052	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 3050 NE 48TH COURT #104	
CITY-ST-ZIP Lighthouse Point FL 33064	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Ronald Richard** DATE: **X April 21, 2000** (954) 368-9918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)