

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**  
 06-06-2000 90480 015 \*\*\*150.00

DOCUMENT # **P99000094132**

1. Entity Name  
**BRIGHT, INC**

Principal Place of Business Mailing Address  
**2223 NOVA VILLAGE DRIVE 2223 NOVA VILLAGE DRIVE**  
**DAVIE, FL. 33317 DAVIE, FL. 33317**

**852815**

2. Principal Place of Business 3. Mailing Address  
**10284 Brookville LN 10284 Brookville LN**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

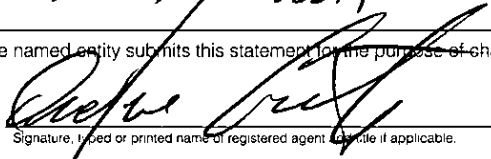
DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**BOCA RATON FL BOCA RATON FL APPLIED FOR**  
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
**33428 USA 33428 USA**

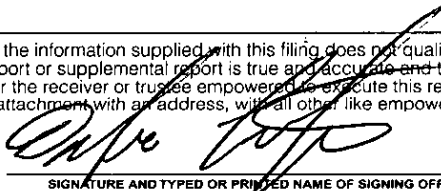
6. Name and Address of Current Registered Agent  
**CASTAGNA, ONOFRIO**  
**2223 NOVA VILLAGE DRIVE**  
**DAVIE, FL. 33317**

7. Name and Address of New Registered Agent  
 Name **CASTAGNA, ONOFRIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10284 BROOKVILLE LN**  
 City **BOCA RATON FL** Zip Code **33428**

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  **ONOFRIO CASTAGNA** **4 30 00**  
Signature, typed or printed name of registered agent. Do not write if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASTAGNA, ONOFRIO</b> <b>2223 NOVA VILLAGE DRIVE</b> <b>DAVIE FL. 33317</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASTAGNA, ONOFRIO</b> <b>10284 BROOKVILLE LN</b> <b>BOCA RATON, FL. 33428</b> <input checked="" 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
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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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:  **ONOFRIO CASTAGNA** **4 30 00** **954 629 8291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)