

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90105 019 ***150.00

DOCUMENT # S07779
 1. Entity Name
LIGHTHOUSE PRODUCTION SERVICE INC.

| | |
|---|--|
| Principal Place of Business 7965 SW 100 ST MIAMI FL 33156 | Mailing Address 7965 SW 100 ST MIAMI FL 33325-6001 |
|---|--|

| | |
|---|--|
| 2. Principal Place of Business 13800 SW 16 ST. Suite, Apt. #, etc. | 3. Mailing Address 13800 SW 16 ST Suite, Apt. #, etc. |
|---|--|

| | |
|----------------------------------|----------------------------------|
| City & State Davie, FL | City & State Davie, FL |
| Zip 33325 | Zip 33325 |
| Country | Country |



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0224857** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KILLILEA, KEVIN M.
7965 SW 100 ST
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
13800 SW 16 ST
 City **Davie** **FL** Zip Code **33325**

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 *Kevin M. Killilea* **4 Jan 0**
Signature, typed or printed name of registered agent and title 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. (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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KILLILEA, KEVIN M. 7965 SW 100 ST MIAMI FL | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Killilea, Kevin M. 13800 SW 16 ST Davie, Fl. 33325 |
| | <input checked="" type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kevin M. Killilea* **4 Jan 0 (954)693-3515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)