

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42824

FILED  
Jan 09, 2010  
Secretary of State

Entity Name: DISCOUNT OPTICS, INC.

**Current Principal Place of Business:**

1200 SOUTH ROGERS CIRCLE  
#13  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 SOUTH ROGERS CIRCLE  
#13  
BOCA RATON, FL 33487 US

**New Mailing Address:**

FEI Number: 65-0255783      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OPPER, NORMAN  
18420 LONG LAKE DRIVE  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: OPFER, NORMAN  
Address: 18420 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: EVP  
Name: OPFER, DEBORAH  
Address: 18420 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: VPOP  
Name: OPFER, JARED  
Address: 18420 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: VPOM  
Name: OPFER, SCOTT  
Address: 18420 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: VPOS  
Name: OPFER, TODD  
Address: 18420 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH OPFER

EVP

01/09/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date