

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J76008

Entity Name: FLICKERLITE BAR & PIZZA RESTAURANT, INC.

Current Principal Place of Business:

C/O JOAN F. CAPONE
4100 N 35 AVENUE
HOLLYWOOD, FL 33021

Current Mailing Address:

C/O JOAN F. CAPONE
4100 N 35 AVENUE
HOLLYWOOD, FL 33021

FEI Number: 59-2841512

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPONE, JOAN F.
4100 N 35 AVENUE
HOLLYWOOD, FL 33021-8914 US

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

Officer/Director Detail :

Title PD
Name CAPONE, KARIN
Address 1014 N. OCEAN DR
City-State-Zip: HOLLYWOOD FL 33021

Title VD
Name CAPONE, RICHARD
Address 1014 N. OCEAN DR
City-State-Zip: HOLLYWOOD FL 33021

Title D
Name CAPONE, JOAN F
Address 4100 N. 35TH AVENUE
City-State-Zip: HOLLYWOOD FL 33021

Title VPD
Name VIVACUE, PATRICIA J.
Address 1014 N OCEAN DR
City-State-Zip: HOLLYWOOD FL 33021

Title SD
Name CAPONE, JOHN
Address 1014 N OCEAN DR
City-State-Zip: HOLLYWOOD FL 33021

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: KARINCAPONE

PRESIDENT

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date