

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P13000073303

Entity Name: LIGHT VISUALLY TRANSCEIVING SYSTEM CORPORATION**Current Principal Place of Business:**

MAIL CODE: LVX

KENNEDY SPACE CENTER, FL 32899

Current Mailing Address:

MAIL CODE: LVX

KENNEDY SPACE CENTER, FL 32899 US

FEI Number: 26-0232883**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

SUNSHINE CORPORATE FILLING LLC, FLORIDA REGISTER AGENT

7901 4TH ST N

STE 300

ST. PETERBURG, FL 33702 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:** IRENE C. PEDERSON**11/16/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name PEDERSON, FELICITY-JOHN C
Address MAIL CODE: LVX
City-State-Zip: KENNEDY SPACE CENTER FL 32899

Title DIRECTOR
Name PEDERSON, IRENE C
Address MAIL CODE: LVX
City-State-Zip: KENNEDY SPACE CENTER FL 32899

Title CEO
Name PEDERSON, FELICITY-JOHN C
Address MAIL CODE: LVX
City-State-Zip: KENNEDY SPACE CENTER FL 32899

Title TREASURER
Name PEDERSON, IRENE C
Address MAIL CODE: LVX
City-State-Zip: KENNEDY SPACE CENTER FL 32899

Title C.F.O
Name MURRAY, TIMOTHY
Address MAIL CODE: LVX
City-State-Zip: KENNEDY SPACE CENTER FL 32899

Title DIRECTOR
Name PEDERSON, FELICITY-JOHN C
Address MAIL CODE: LVX
City-State-Zip: KENNEDY SPACE CENTER FL 32899

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: IRENE C. PEDERSON**SECRETARY****11/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date