2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 281658

Entity Name: TUBE LIGHT COMPANY, INC.

Current Principal Place of Business:

TUBE LIGHT COMPANY
102 SEMORAN COMMERCE PL
APOPKA, FL 32704 US

New Principal Place of Business:

Current Mailing Address:

300 PARK ST
MOONACHIE, NJ 07074 US

New Mailing Address:

FEI Number: 59-1050790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGORY H. MCCARTER
102 SEMORAN COMMERCE PL
APOPKA, FL 32703 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: PD ( ) Delete
Name: SESSIONS, FRED T JR
Address: 300 LEONARDY AVE
City-St-Zip: OSTEEN, FL 32764

Title: TD ( ) Delete
Name: JAFFE, LEON H
Address: 324 JORDAN ROAD
City-St-Zip: NEW MILFORD, N J,

Title: DV ( ) Delete
Name: MCCARTER, EDWIN H.
Address: 3237 WOLSTENHOLME
City-St-Zip: BARLETT, TN

Title: S ( ) Delete
Name: ABEL, STEVEN
Address: 11 WOODWIND LN
City-St-Zip: SPRING VALLEY, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEON H. JAFFE T 04/06/2009

Electronic Signature of Signing Officer or Director — Date