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Feb 03, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 698570

1. Corporation Name
SPARKNIGHT (U.S.), INC.

Principal Place of Business
5840-C SOUTH SEMORAN BLVD
ORLANDO FL 32822
US

Mailing Address
C/O 101 HOWARD ST.
STE 450
SAN FRANCISCO FL 94105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1981

4. FEI Number

94-2802065

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME LIEW, CHIEN E
STREET ADDRESS 5840 C, SOUTH SEMORAN BLVD
CITY-ST-ZIP ORLANDO FL

TITLE VPD
NAME KAY, RANDALL E
STREET ADDRESS 101 HOWARD ST. STE. 450
CITY-ST-ZIP SAN FRANCISCO CA

TITLE DS
NAME BADER, J. L.
STREET ADDRESS 101 HOWARD ST. STE. 450
CITY-ST-ZIP SAN FRANCISCO CA

TITLE T
NAME KAY, RANDALL E
STREET ADDRESS 101 HOWARD STREET, SUITE 450
CITY-ST-ZIP SAN FRANCISCO CA

TITLE S
NAME TAWASHA, CAROLYN
STREET ADDRESS 101 HOWARD ST. STE. 450
CITY-ST-ZIP SAN FRANCISCO CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)