2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State **DOCUMENT #716651** 05-01-2006 90388 033 ****61.25 HILLSBORO LIGHT TOWERS, INC. Principal Place of Business Mailing Address 40075140 %CCM 2639 N RIVERSIDE DR POMPANO BEACH, FL 33062 10034 WEMENAB RD. TAMARAG, TL 53321 3. Mailing Address 2. Principal Place of Business 2639 N. Riverside Dr. Suite, Apt. #, etc. 04242006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-1407433 City & State City & State Applied For Pompano Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAUFMAN, M 2639 N RIVERSIDE DR Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33062 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SZONUTOVY TITLE TITI F **Addition** ☐ Delete ☐ Change Mancy Foreman KAUFMAN, MICHAEL NAME NAME 2639 Na Riverside Dr. \$204 STREET ADDRESS 2639 N RIVERSIDE DR STREET ADDRESS POMPANO BEACH, FL 330620 CITY-ST-ZIP CITY-ST-ZIP Rondano Beach FC 53062 Mumberat Lange TITLE Delete TITLE , 🔀 Change ☐ Addition Lumphin, William Point Way NAME LUMPKIN, WILLIAM NAME STREET ADDRESS 17310 ANITQUA POINT WAY STREET ADDRESS BOCA PATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33487 TITLE TITLE ☐ Delete ☐ Change Addition VIGNOLA, CAROL NAME STREET ADDRESS 2639 N RIVERSIDE DR #702 STREET ADDRESS POMPANO BEACH, FL 33062 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE TITLE ☐ Change ☐ Addition HEILAND, ELIZABETH STREET ADDRESS 2639 N RIVERSIDE DR #703 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOSELEY, MELINDA NAME **2639 N RIVERSIDE DR #203** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Defete. MOZAYENY, KEW NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

2639 N. RIVERSIDE DR. #1201

POMPANO BEACH, FL 33069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED