2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716651

FILED Jun 04, 2008 Secretary of State

Entity Name: HILLSBORO LIGHT TOWERS, INC.

Current Principal Place of Business: New Principal Place of Business:

2639 N RIVERSIDE DR POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

2639 N RIVERSIDE DR POMPANO BEACH, FL 33062

FEI Number: 59-1407433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAUFMAN, MICHAEL CARDOZO, MARIA 2639 N RIVERSIDE DR 2639 N RIVERSIDE DR

#201 #604

POMPANO BEACH, FL 33062 US POMPANO BEACH, FL 33062 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: MARIA CARDOZO 06/04/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete KAUFMAN, MICHAEL CARDOZO, MARIA Name: Name:

2639 N RIVERSIDE DR, #201 Address: 2639 N RIVERSIDE DR, #604 Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062

(X) Change () Addition Title: () Delete Title:

VIGNOLA, CAROL Name: HEILAND, JAMES Name:

Address: 2639 N RIVERSIDE DR #702 Address: 2639 N RIVERSIDE DR #703 City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete Title: (X) Change () Addition LUMPKIN, WILLIAM

Name: HILTSLEY, ROBERT Name: 17310 ANTIQUA PT WAY 2639 N RIVERSIDE DR #406 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete Title: D (X) Change () Addition

Name: MOSELEY, MELINDA Name: MELLI, ROBERT Address: 2639 N RIVERSIDE DR #203 Address: 119-42 80TH RD

City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: KEW GARDENS, NY 11415

Title: () Delete Title: () Change (X) Addition

CHRISTIE, BILL Name: Name: 119-42 80TH RD Address: Address: City-St-Zip: City-St-Zip: HOCKESSIN, DE 19707

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL TIMAR Μ 06/04/2008