## 2008 NOT-FOR-PROFIT CORPORATION

## Apr 09, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # F02000003700** 04-09-2008 90041 030 \*\*\*\*61.25 1. Entity Name LAUREN'S LIGHT, INC. Mailing Address Principal Place of Business 3 GRÖVE ISLE DR. 3 GROVE ISLE DR. SUITE 503 SUITE 503 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 38-3662090 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEINSWOG, BEN-Street Address (P.O. Box Number is Not Acceptable) 3 GROVE ISLE DR STE 503 COCONUT GROVE, FL 33133 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D ☐ Delete TITLE ☐ Change Addition IMF ROBERT LURIE MILLIN, ANTHONY NAME 309 WILLOWBROOK DRIVE 71 HOWARD PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TENAFLY, NJ 07670 CITY-ST-ZIP AYLAND MA 01778 CCEO ☐ Change ☐ Addition ☐ Delete TILLE IIILE NAME FEINSWOG, BEN STREET ADDRESS 3 GROVE ISLE DR., STE. 503 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE, FL 33133 ■ Addition DS ☐ Delete TITLE ☐ Change TITLE FEINSWOG, MALVINA NAME STREET ADDRESS 3 GROVE ISLE DR., STE. 503 STREET ADDRESS COCONUT GROVE, FL 33133 CITY-ST-ZIE CITY-ST-7IP ☐ Addition Delete ☐ Change TITLE FEINSWOG, SCOTT NAME 3 GROVE ISLE DR. STE 503 STREET ADDRESS STREET ADDRESS COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE IME FEINSWOG, DAVID NAME NAME 220 S. WASHINGTON SQ. #6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANSING, MI 48933

I hereby certify that the information supplied with this filing 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-7IP

TITLE

NAME

SIGNATURE:

D

FINKELSTEIN, GINA

300 E. 75TH STREET #15N

NEW YORK, NY 10021

CITY-ST-ZIP

STREET ADDRESS

IIILE

O OFFICER OR DIRECTOR

Delete

31/08

305-285-1202

Change

Addition

Daytime Phone 6

**FILED**