FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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DOCUM 1. Corporation I		F94000	000241 (9)					
SPARK	NIGHT INC	•				e romenda ferda folica de cale adecid de	• • • • • • • • • • • • • • • • •	I as ila hibi	#(##) (##) (##)
Principal Place (of Business		Mailing Address			10841100 1414 10141 01011 00111 01		F ##ULF# 11#11	81481 1181 1881
101 HOWARD	D STREET		% 215 NORTH EOU						
SUITE 450	CISCO CA 94105		ORLANDO FL 32901	l					
US Phanoc	GIOCO OR BITO					3. Date Incorporated or Qualified	3a. Date o	/20/19	
2. Principal Plac	on of Duringe		2a, Mailing Address	····		01/18/1994 4. FEI Number	04		pplied For
z. Principai Fras [ce oi d'isiless		26 C/0 101 K	boowd	, st .	94-2707874			ot Applicable
Suite, Apt. #	, etc.	inh A. Sanda of B. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired			Additional
2]	w		27 46D						equired
City & State		:	City & State 28 San France	יוברש.	CA	6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Zip	T	Country	Zp		intry	8. This corporation has liability fo	r intangible tax		
4	25	and the second of the second o	29 94105	30 50	1 Floruso	Florida Statutes Ye	s X Mo		
	9. Name and	Address of Current F	tegistered Agent		64 1	10. Name and Address of New	Registered A	gent	
					81 Name				
POPE, NICHOLAS A 215 N. EOLA DR.					82 Street Addr	ress (P.O. Box Number is Not Accepta	able)		
					83				
ORLANDO FL 32801]			85 Zip	Code
					84 City		FL	65 ZIP	COOR
SIGNATURE		ited name of registered agent and	o title 1 applicable.	NCITE: Registere	d Agent signature require		DATE		
12.		OFFICERS AND L	DIRECTORS	13.	in E	ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	DP CH	TALE	[] pterie	1.2 M			L		
NAME STREET ADDRESS	LIEW, CHI	ien e. Outh Semoran Bl	VD.		TREE I ADDRESS				
CITY-ST-ZIP	ORLANDO			1.40	ITY-ST-ZIP				
TITLE	DVT		DELETE	2.1	ritie		C	Change	Addition
NAME	KAY, RAN			2.2 M	ļ				
STREET ADDRESS		ARD ST., STE. 450			TREE1 ADDRESS				
CITY - ST- ZIP		NCISCO CA 94105	[] DELETE	3 1	TITLE			Change	Addition
TITLE NAME	DS Bader, J	I ANI	-1 accus		IAME			-	
STREET ADDRESS		ARD ST., STE. 450		33.	STREET ADDRESS				
CITY-SI-7IP		NCISCO CA 94105		340	CITY-ST-ZIP		·	1.00	
TITLE	AS		☐ DELETE		TITLE	9000018 -04/30/360	10206	+ Charge	☐ Addition
NAME		A, CAROLYN J			NAME.	-04/30/3601	111104	B	
STREET ADDRESS		ARD STREET, SUITE	: 450		STREET ADDRESS	***200.00			
CITY - ST - ZIP TITLE	SAN FRA	NCISCO CA	DELETE		CITY-S1-ZIP TITLE] Change	Addition
NAME			المستعدد السيا		NAME				i
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY - S1 - ZIP				
TITLE	1		DELETE	6.1	TITLE] Change	Addition
N15580'				1 62	NAME				•

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 fine 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 inchanged, or on an attachment with an address.

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR