2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **F9400003559** LIGHT FANTASTIC, INC. 04-30-2001 90056 036 ***150.00 Principal Place of Business Mailing Address 14 S. SWINTON AVE 14 S. SWINTON AVE DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0498168 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITHER JR, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 14 S. SWINTON AVE. **DELRAY BEACH FL 33444** Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Chack Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE ☐ Delete TITLE ☐ Change Addition WORRELL JR, THOMAS E NAME NAME STREET ADDRESS 14 S. SWINTON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 THUE ☐ Delete TITLE Change FREAKLEY, EDWIN M NAME NAME AJE STREET ADDRESS 200 CARTER'S GROVE LANE SW: NTO AV STREET ADDRESS CITY-ST-ZIP LYNCHBURG VA 24503 CITY-ST-7iP BEACH, FL 33444 TITLE ☐ Delete 7111.6 Change ☐ Addition WORRELL, ODETTE A NAME NAME STREET ADDRESS 14 S. SWINTON AVE. STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SMITHER JR, ROBERT M NAME MAME STREET ADDRESS 14 S. SWINTON AVE. STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33444 CITY - ST- ZIP TITLE ☐ Delete TITLE Change Addition GOODYEAR, KIM NAME NAME STREET ADDRESS 125 LA POSTA STREET ADDRESS CITY-ST-ZIP **TAOS NM 87577** CITY-ST-7IP ΑT TITLE ☐ Delete TITLE Addition WINTZER, WILLIAM R NAME NAME STREET ADDRESS. 14 S. SWINTON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33444** 13. 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 report of suppliemental 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 11 or Block 12 if changed, or on an attachment with an address (with all other like empowered).

ROBERT M. SMITHER JR4-73-01 (56)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR