2002 UNIFORM BUSINESS REPORT (UBR)

08-25-2002 90219 026 ***558.75
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 10 PM 11:01

DOCUMENT # F98000006306

1. Entity Name
HIGHLIGHTS LIGHTING, INC.

Principal Place of Business	Mailing Address
180 N.E. 39TH STREET, #109 MIAMI FL 33137	1515 PARK ROW VENICE CA 90291

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 95-4635678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALDES, CARLOS 180 NE 39TH ST #109 MIAMI FL 33137	Name: Alexander Yahr Street Address (P.O. Box Number is Not Acceptable): 1000 Biscayne Terrace #905 City: Miami FL Zip Code: 33138

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: X [signature] 8/2/02
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ROSE, LORI 2120 ASHLAND AVENUE SANTA MONICA CA 91405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REZEK, RONALD 4200 SEPULREDA BLVD CULVER CITY CA 90230	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
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CR2E034 (4/02)

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 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 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.

SIGNATURE: SIGNATURE REQUIRED [signature] 7/25/02 (310)399-8210
SIGNATURE AND TYPED OR PRINTED NAME OF BONNO OFFICER OR DIRECTOR Date Daytime Phone #

9/10/02 AD