2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J76394 **DOCUMENT #**

1. Entity Name

SPOTLIGHT GRAPHICS, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90648 034 ***150.00

Principal P					
	Place of Business	Mailing Address		-	
	K CENTER AVE	6054 CLARK CENTER	AVE	10046467	
SARASOTA	FL 34238	SARASOTA FL 34238	•	1040401	
US		US		(1980) A PHY 1981 B ALERS (PHY 1914 ALERS	(Bil Bible Diën ardic caer
2. Principa	al Place of Business	3. Mailing Address			
Cuite A					imit mintt Rebtt Divit 1201
Suite, A	pt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CH	IANICES
City & S	tate	City & State		4. FEI Number	
Zip				59-2813306	Applied For Not Applicable
	Country	Zip	Country		75 Additional
	6. Name and Address of	Current Registered Agent		Fee 7. Name and Address of New Registered Agen	Required
MODDIS			Name	Hemo and Address of New Registered Agen	<u> </u>
MORRIS, ARLENE 6054 CLARK CENTER AVE			Street Addre	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
l	TA FL 34238				
			<u> </u>	·	
·			City	FL ²	Zip Code
8. The above the obligation	e named entity submits this state ations of registered agent.	ement for the purpose of changing i	its registered office or regis	istered agent, or both, in the State of Florida. I am familia	ar with, and accept
SIGNATURE					
CICITA (LOTTE	Signature, typed or printed name of register	ared egent and title if an elizable			
	Signature, typed or printed name of registe		OTE: Registered Agent signature requ	rulfed when reinstating) DATE	
	Signature, typed or printed name of registe FILE NOW!!! FEE IS \$150.	.00	OTE: Registered Agent signature requ		
Afte	Signature, typed or printed name of register FILE NOW!!! FEE IS \$150. Pr May 1, 2003 Fee will be \$5	00	OTE: Registered Agent signature requ	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be
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12 I nereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE REQUIRED

3-21-03

941-929-1500