2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 10, 2001 8:00 am Secretary of State **DOCUMENT # K76557** LIGHTHOUSE MARKETING, INC. 01-10-2001 90066 047 ***150.00 **=** and : Mailing Address Principal Place of Business PO BOX 195969 % EDWARD S. WILUSH WINTER SPRINGS FL 32719-5969 671154 1109 MARCUS COURT WINTER SPRINGS FL 32708 = :::::: 3. Mailing Address 2. Principal Place of Business =:= Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2946844 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WILUSH, EDWARD S. 1109 MARCUS COURT WINTER SPRINGS FL 32708 13H 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ____ ☐ Delete NAME NAME WILUSH, EDWARD S. STREET ADDRESS STREET ADDRESS 1109 MARCUS COURT = ----CITY-ST-ZIP CITY-ST-ZIF WINTER SPRINGS FL $\equiv 100\,\mathrm{km}$ ☐ Change ☐ Addition ☐ Delete 25111 NAME NAME WILUSH, SHERRY L. - -STREET ADDRESS STREET ADDRESS 1109 MARCUS CT. CITY-ST-ZIP WINTER SPRINGS FL ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (4) (4) Change ☐ Addition TITI F ☐ Delete TITLE 288 728 801 801 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 144 144 144 144 144 CITY-ST-ZIP 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 received 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. 01-02-200/ 407-346-6600 SIGNATURE: 4

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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