SIGNATURE:

2001	i UNI	FORM BUS	INE	ESS REPO	PRT	(UB	R)					Ğ
DOCU 1. Entity Nam LIGHTHO	03425					FILED						
					1	- 3				mn >		
Principal Plac	ce of Busines	s ·	Ma	iling Address					101JAN_1.9PM3:	5.1,		
2325 9TH STREET N. 2325 9TH STREET N.									SECRETARY OF STATE	E.		
st. Peterbl	JRG FL 33704	L	\$	T. PETERBURG FL 337	04			·~~	TALLAHASSEE, FLUKIL	IA		
2. Principal Place of Business				3. Mailing Address				- 1 106/106/1 06/1 00/11 00/11 03/11 03/11 03/11 04/1/ 88/14 00/10 1/1/ 4/4/4 1/4/4 0/1/ 1/4/4 				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State				4. FEI Number Applied For Not Applicable				-
Zip		Country	Z	lip .	Coun	try		5. Certi	ficate of Status Desired	\$5.00 Add	ditional	1
* **	6. Name	and Address of Current	Regist	ered Agent		· Name		7. Nam	e and Address of New Registere			1
DAMONTE, JONATHAN JAMES												
12110 SEMINOLE BLVD						Street A	Naaress (P.O. BOX N	tumber is Not Acceptable)			
LARGO F	L 33778				٠							
						City			, , , , , , , , , , , , , , , , , , ,	Zip Cod	le	
8. The above	named entit	y submits this statement fo	r the pu	urpose of changing its	registere	ed office o	r register	ed agent,	or both, in the State of Florida.			
SIGNATURE .	8											
	Signature, typed	or printed name of registered agent a	and title it					when reinstati	ng) DATÉ	-		1
				FILE No.		FEE IS \$ o Depart	•	f State				
9.		MANAGING MEMBI	-DC /M	•					ADDITIONS (OLIANO)			-
TITLE	MGR	MANAGING MEMBI	ENO/IVI	Delete	10.		<u> </u>		ADDITIONS/CHANGI	□ Change	☐ Addition	8
NAME STREET ADDRESS		, THOMAS W		•	NAM	E Et address						E083 (11/00)
CITY-ST-ZIP	ľ	i street n. Rburg fl 33704				-ST-ZIP						
TITLE	MGR			☐ Delete	TITLE				500003570		Addition	CR2
NAME STREET ADDRESS		, edwin Jr. I street n.			NAMI STRE	E Et adoress			-01/26/01 *****50.00			
CITY-ST-Z)P		RBURG FL 33704			CITY	-ST-ZIP	·			,		
—TITLE÷ → NAME	MGR NIX, JOSI	EDU		- Delete	. , TITLE NAMI		•	، نسب	e e e e e e	Change	- Addition	
STREET ADDRESS	5817 PIEI	rce drive, ne.			STRE	ET ADDRESS						
CITY-ST-ZIP	ST. PETE	RSBURG FL 33703			-	-ST-ZIP						1
TITLE NAME				☐ Delete	, TITLE NAME				/	Change	Addition	
STREET ADDRESS						ET ADDRESS			Λ./			
CITY-ST-ZIP TITLE				☐ Delete	TITLE	-ST-ZIP		· · · · · · · · ·	$-/\gamma$	☐ Change	☐ Addition	1
NAME				La Delete	NAME							ļ
STREET ADORESS CITY-SI-ZIP						ET ADDRESS - ST- ZIP						
TITLE 📆				☐ Delete	TITLE					☐ Change	☐ Addition	1
NAME 1		•			NAME							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS · ST-ZIP						
11. I hereby c	ertify that the	e information supplied with	this fili	ng does not qualify for	the exer	nption sta	ted in Se	ction 119.0	D7(3)(i), Florida Statutes. I further o	ertify that the in	nformation	.
indicated	on this repor	t is true and accurate and ny or the receiver or trustee	that my	r signature shall have:	the same	e legal effe	ct as if m	ade under	oath; that f am a managing mem	ber or manage	er of the	

(70)896-7575

Daytime Phone #