**FILED** 

## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## May 07, 2003 8:00 am Secretary of State DOCUMENT # L0000006848 05-07-2003 90045 024 \*\*\*\*55.00 RAJLIGHT CULTURAL PROMOTIONS LTD CO. Principal Place of Business Mailing Address 6330 BUENA VISTA DRIVE P.O. BOX 670545 CORAL SPRINGS FL 33067 CORAL BAY MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1094117 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAGOPAT, RAJPATTIE Street Address (P.O. Box Number is Not Acceptable) 4900 LIGHTHOUSE CIRCLE -BURNA APT J **COCONUT CREEK FL 33065** 8. The above named entity submits this statement for the purpose of changing its registered office or agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE d title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME JAGOPAT, RAJPATTIE STREET ADDRESS STREET ADDRESS 6330 BUENA VISTA DRIVE CITY-ST-ZIP CITY-ST-7IP MARGATE FL 33063 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP