ļ	ANNUAL R 199	9	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE OF APACE OF CENTORATIONS 9911111 - 9 PM 3: 13					
\$ 188.	.75 Ma	ual Report \$100.00 ke Check Payable						<i></i>			
1. Name a of Limit	and Mailing Ack ted Liability Cor	dress mpany DOCL	MENT	Г# м98	00000	00554					
BRIGHT LIGHT FILMS LLC 3520 BAYOU LOUISE SARASOTA FL 34242							18. Principal Place of Business Address 3520 BAYOU LOUISE SARASOTA FL 34242				
2 Princip	al Place of Bus	iness	ng Address			3. Date Organized or Qualified 3a. State		of Formation			
Suite, Apt. #, etc.			Suite, Apt #, etc.				06/02/1998		DE		
			Suite, Apt. #, etc.				4. FEI Number			Applied For	
City & State			City & State				52-2071487			Not Applicable	
Zip	Country		Z _I p Coun		Countr	5. Date of Las		Report		6. Certificate of Status Desired S8 75 Additional Fee Required	
7. Name and Address of Current Registered Ag						8. Name	Name and Addres	s of New Regis	tered Agent	/Office	
GARRETT, THOMAS G 329 BERNARD AVE SARASOTA FL 34243				Street Address Suite, Apt. #, e		(P.O. Box Number is Not Acceptable)					
						City		FL	Zip Code		
its register	ed office or regi	ions of Sections 608.416 stered agent, or both, in the accept the obligations.						ubmits this state			
SIGNATU	RE		, ,					DATE		· · · · · · · · · · · · · · · · · · ·	
(Registered Agent Access tring Apps) atment) (N 10. Title Managing Members/Managers				NOTE Registed As	OTE: Registered Agest signature required when renstating Business Street Address			City, State and Zip Code			
MGR	FRIEDMAN, ELLY			3520 BAYOU LOUISE				SARASOTA FL		· · · · · · · · · · · · · · · · · · ·	
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indicated o	n this annual re	the information supplied w port is true and accurate the receiver or trustee er	and that my s	signature shall l	have the s	ame legal effect a	is if made under oath	, that I am a mar	naging memb	er or manager of the	
limited liab attachmen		the receiver or trustee eres.	npowered to		port as red	quired by Chapter					