2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N0000008458 SOUTH FLORIDA LIGHT OPERA COMPANY 04-30-2001 90435 044 ****61.25 Principal Place of Business Mailing Address 1342 S.E. 5TH CT. 1342 S.E. 5TH CT. DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Dania Beac City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33004 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TINKER, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 1342 S.E. 5TH CT. DANIA BEACH FL 33004 City Zip Code 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. DATE d or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete TITLE Change Addition TITLE NAME TINKER, ROBERT R NAME STREET ADDRESS STREET ADDRESS 1342 S.E. 5TH CT. CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH FL 33004 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME DUNCOMBE, JASON NAME STREET ADDRESS STREET ADDRESS 1342 S.E. 5TH CT. CITY-ST-ZIP CITY-ST-7/P DANIA BEACH FL 33004 Change ☐ Addition TITLE ☐ Delete TITLE NAME SAMVELS, NATAN NAME STREET ADDRESS STREET ADDRESS 3051 N.W. 2ND ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME ZAUMEYER, BEVERLY NAME STREET ADDRESS STREET ADDRESS 1350 RIVER REACH DR., #405 CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33315 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: Resident Typed or Printed Name of Signing Officer or Director 1/24/01 (954) 921-163

changed, or on an attach