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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

605326 - 90005 - 23

DOCUMENT # N97000002624

1. Corporation Name
The Lightning Superstar Boosters, Inc

Principal Place of Business	Mailing Address
3408 W. Mainstreet Tampa, FL 33607	14111 Bardsdale lan Tampa, FL 33625

2. Principal Place of Business 21	2a. Mailing Address 26 14111 Bardsdale lane	3. Date Incorporated or Qualifed 11-6-97	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 —	4. FEI Number 59-3483960	☑ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tampa FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33625 30 Hillsborough	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Jacalyn Barcelo
	82 Street Address (P.O. Box Number is Not Acceptable): 14111 Bardsdale Lane
	83
	84 City: Tampa FL 85 Zip Code: 33594

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE: Jacalyn A. Barcelo — DATE: 8/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mary Bryan ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Jacalyn Barcelo 14111 Bardsdale lane Tampa, FL 33625 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Isabel Rivera ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Elizabeth Boostani 3119 Lakestone Dr Tampa, FL 33618 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Pres/VP, Secretary/Treasurer Lori Moses - OFFICER 2708 Mock Orange Valrico, FL 33594 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Leslie Reed 5075 Van Dyke Road Lutz, Fl. 33549 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacalyn A. Barcelo — 6/28/99 — (813) 968-5472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jacalyn A. Barcelo