


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90152 008 ***150.00

DOCUMENT # <u>P00000046128</u>	
1. Entity Name <u>MIDNIGHT D'LIGHT, INC.</u>	

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60010243

2. Principal Place of Business <u>1430 S FIRST ST.</u> Suite, Apt. #, etc. <u>SUITE 4</u> City & State <u>LAKE CITY, FL 32025</u>		3. Mailing Address Suite, Apt. #, etc. <u>SUITE 4</u> City & State <u>LAKE CITY, FL 32025</u>	
Zip <u>32025</u>	Country <u>USA</u>	Zip <u>32025</u>	Country <u>USA</u>

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4. FEI Number <u>59-3642984</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <u>ODOM, JAMES L</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1430 S FIRST ST</u>	
<u>SUITE 4</u>	
City <u>LAKE CITY</u>	Zip Code <u>FL 32025</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>ODOM, JAMES L</u> <u>1430 S FIRST ST, SUITE 4</u> <u>LAKE CITY, FL 32025</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT-DIRECTOR</u> <u>D.B. ODOM</u> <u>1430 S FIRST ST, SUITE 4</u> <u>LAKE CITY, FL 32025</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>DERRELL E. LYNN</u> <u>PO BOX 87</u> <u>ST. MARKS, FL 32353</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>[Signature]</u>	1/24/03	(386) 7585610
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)