FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P0000072838 LIGHTBOXCITY.COM CORP. 94-12-2001 90171 036 ***150.00 Principal Place of Business Mailing Address 1140 WEST SUNRISE BOULEVARD 1140 WEST SUNRISE BOULEVARD FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 105-1028181 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent-& UTREPA, P.A. 8. The above named entity submits this statement for the purpose of changing its reg both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** Addition Delete TITLE Change TITLE BRAEUNIG, GEORGE L NAME NAME STREET ADDRESS 1140 WEST SUNRISE BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Change ☐ Delete ☐ Addition SCHALLER, CHUCK NAME STREET ADDRESS 1140 WEST SUNRISE BOULEVARD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME BRAEUNIG, RENEE D STREET ADDRESS 1140 WEST SUNRISE BOULEVARD STREET ADDRESS CITY - ST - ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like officewered.

Thes.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF