

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

DOCUMENT # P00000099866
1. Entity Name
 LIGHTICULAR, INC

FILED
 02 MAY -6 AM 7:41

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
REINSTATEMENT

2. Principal Place of Business
 601 NE 26TH AVE
 Suite, Apt. #, etc.

3. Mailing Address
 601 NE 26TH AVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

01-02

City & State
 POMPAÑO BEACH

City & State
 POMPAÑO BEACH

Zip 33062-4433 **Country** USA

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4. FEI Number
 65-1091592

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 SEYMOUR ZIMMERMAN

Street Address (P.O. Box Number is Not Acceptable)
 601 NE 26TH AVE

City POMPAÑO BEACH **FL** **Zip Code** 33062

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.

SIGNATURE SEYMOUR ZIMMERMAN



4/30/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

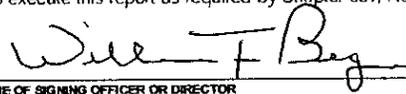
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR BEGGS, WILLIAM F PHA-A, 2929 E COMMERCIAL BLVD FT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400005555764--5 -05/16/02--01069--019 ****300.00 ****300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400005555764--5 -05/16/02--01069--020 ****600.00 ****600.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F BEGGS  4/30/02 954 785 9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15