## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State P01000044049 DOCUMENT # 1. Entity Name 05-06-2002 90177 007 \*\*\*150.00 MICRON LIGHTING USA, INC. Principal Place of Business Mailing Address 800 BRICKELL AVENUE #1115 800 BRICKELL AVENUE #1115 MIAMI FL 33131 MIAMI-FL 33131-2. Principal Place of Business 3. Mailing Address 4141 NE 2 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 104 SUITE City & State 4. FEI Numbe Applied For City & State MIRW Not Applicable Zip 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 OPPENHEIM, STEVEN OPPENHEIM, STEVEN P ESQ. Street Address (P.O. Box Number B.Not Acceptable) I LD ING 800 BRICKELL AVENUE #1115 800 BRICKELL AVE STE 115 MIAMI FL 33131 8. The above name Aentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE . it and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ₽ŶŒ ☐ Change ☐ Delete TITLE TITLE SCHINCARIOL, BRUND BOO BRICKELL AVE, STE 1115 MAMI, FC 33131 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE of Provident Ave, STE 1115 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIANI, FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

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