FILED Mar 03, 2003 8:00 am Secretary of State

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DOCUMENT # P02000081181 02-17-2003 90190 022 ***150.00 GRUPPO LUCE, INC. Principal Place of Business Mailing Address 731 BAY ESPLANADE 1721 ALAMO AVENUE CLEARWATER BEACH FL 34630 COLORADO SPRINGS CO 80907 2. Principal Place of Business 3. Maifing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 81-0562992 Zip Country Not Applicable Country \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent Foo Roquired 7. Name and Address of New Registered Agent MARTUCCI, MICHAEL J 731 BAY ESPLANADE Street Address (P.O. Box Number is Not Acceptable) CLEARWATER BEACH FL 34630 The above named entity submits this statem the obligations of repistered agent of for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent algnature required when reinstating) FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT ☐ Delete TITLE NAME MICHAEL J. MARNICCI ☐ Addition NAME STREET ADDRESS 731 BAY ESPLANASE STREET ADDRESS CITY-ST-ZIP CLEARWATER BEACH FL34630 CITY-ST-ZIP TITLE TITLE NAME EZIZABETA NAME ☐ Addition STREET ADDRESS 731 BAY ESPLANADE STREET ADORESS CITY-ST-ZIP 34630 CITY-ST-71P TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE NAME ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if CITY-ST-ZIP SIGNATURE REQUIRED SIGNATURE: