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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145527 04-26-2004 90434 012 ***150.00 LIGHTHOUSE POINT MAGAZINE, INC. Principal Place of Business Mailing Address 316 NE FOURTH STREET 316 NE FOURTH STREET FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 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 Name TURNER, LAWRENCE O JR. 316 NE FOURTH STREET Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33301 City Zio Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition NAME TURNER, ROBERTA B NAME STREET ADDRESS 316 NE FOURTH STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TURNER, LAWRENCE O JR. NAME NAME STREET ADDRESS 316 NE FOURTH STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. 4/22 Soy 954. 727. 9477

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENERAL TOMOR, SA,

FILED Apr 26, 2004 8:00 am Secretary of State