FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P39681 (2) Corporation Name LIGHT GIANT, INC. Mailing Address Principal Place of Business 18181 NE 31 COURT 18181 NE 31 COURT STE 1107 STE 1107 NORTH MIAMI BEACH FL 33160 3. Date Incorporated or Qualified 3a. Date of Last Report NORTH MIAMI BEACH FL 33160 07/17/1992 02/13/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 91-1439870 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip Yes No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 BARNETT, DAVID 3440 HOLLYWOOD BLVD 83 3RD FLOOR 85 Zip Code 84 City HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when runstating) DATE SIGNATURE: CR2E034 (12/95) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DELETE 1 1 TITLE TITLE 1.2 NAME FRIEDLAND, DION NAME 1.3 STREET ADDRESS 28 SLOANE ST STREET ADDRESS 1.4 CITY - ST-ZIP LONGO SWLEN CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP ☐ Addition CITY-ST-ZIP Change DELETE 5 1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change T DELETE 6 1 TITLE TITLE 6.2 NAME NAME

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STREET ADDRESS

SIGNATURE TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

Daytinie Phone #

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3 (k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.