SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 9:50

DOCUMENT # **P93000031690 (9)**

1. Corporation Name
GREEN LIGHT PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
414 MAYFLOWER RD. 1 WEST PALM BEACH FL 33405	414 MAYFLOWER RD. 1 WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1993
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0410464 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 3546 Ruskin Av.	26 3546 Ruskin Av.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOYNTON BEACH, FL	City & State 28 BOYNTON BEACH, FL.
Zip 24 33436 — 25 PALM BEACH	Zip 29 33436 — Country 30 PALM BEACH

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRIEDRICHSEN, PETER 9188 AFFIRMED LANE BOCA RATON FL 33431	81 Name: FRIEDRICHSEN PETER 82 Street Address (P.O. Box Number is Not Acceptable): 3546 RUSKIN AV. 83 84 City: BOYNTON BEACH FL 85 Zip Code: 33436

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.

SIGNATURE: FRIEDRICHSEN, PETER — Peter Friedrichsen — July 18th. 95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO 12.	
TITLE	D	1 1 TITLE	D ☐ Change ☐ Addition
NAME	FRIEDRICHSEN, PETER	1 2 NAME	FRIEDRICHSEN PETER
STREET ADDRESS	9188 AFFIRMED LANE	1 3 STREET ADDRESS	3546 RUSKIN AV.
CITY ST ZIP	BOCA RATON FL 33431	1 4 CITY ST ZIP	BOYNTON BEACH, FL. 33436
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

CR2E034 (3/95)

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)(i), 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.

SIGNATURE: Peter Friedrichsen — July 18th. 95 — 407 364 8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001080 CP