

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90007 032 \*\*\*558.75

DOCUMENT # P94000015701

1. Corporation Name

LUMINA PRODUCTIONS, INC.

Principal Place of Business

5343 7TH AVENUE NORTH  
ST PETERSBURG FL 33710  
US

Mailing Address

5343 7TH AVENUE N  
ST PETERSBURG FL 33710  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3221117

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

~~MCALL, DEBORAH F~~ Karen Kenton  
1 BEACH DR SE  
SUITE 200  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name Karen Kenton  
82 Street Address (P.O. Box Number is Not Acceptable)  
1 Beach Dr SE  
83 Suite 200  
84 City St. Petersburg, FL 33701  
85 Zip Code 33701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/12/99

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS  | CITY-ST-ZIP      | DELETE                   |
|-------|--------------------|-----------------|------------------|--------------------------|
| D     | LASKY, CATHERINE S | 5343 7TH AVENUE | ST PETERSBURG FL | <input type="checkbox"/> |
| D     | LASKY, STEPHEN J   | 5343 7TH AVENUE | ST PETERSBURG FL | <input type="checkbox"/> |
|       |                    |                 |                  | <input type="checkbox"/> |
|       |                    |                 |                  | <input type="checkbox"/> |
|       |                    |                 |                  | <input type="checkbox"/> |
|       |                    |                 |                  | <input type="checkbox"/> |
|       |                    |                 |                  | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Lasky, Secretary, 05/12/99 727-321-3436

Date

Daytime Phone #

CR2E034 (11/98)