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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000094289 (3)**

1. Corporation Name
LIGHTS OUT, INC.

Principal Place of Business	Mailing Address
1674 MERIDIAN AVE SUITE 400 MIAMI BEACH FL 33139	1674 MERIDIAN AVE SUITE 400 MIAMI BEACH FL 33139-2800

3. Date Incorporated or Qualified: **12/30/1994**
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 | Country 30

4. FEI Number: **65-0543196** ☐ 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

9. Name and Address of Current Registered Agent

CIMBLER, SAUL
407 LINCOLN RD
SUITE 2-L
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	GROSSMAN, ILISE		12 NAME	GROSSMAN, ILISE	
STREET ADDRESS	200 SE 14 ST # 4C		13 STREET ADDRESS	770 CLAUGHTON ISLAND DRIVE #702	
CITY-ST-ZIP	MIAMI BEACH FL		14 CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	☐ DELETE	21 TITLE	VP	☐ Change ☐ Addition
NAME	CHASEN, LESLIE		22 NAME	CHASEN, LESLIE	
STREET ADDRESS	5170 ALTON RD		23 STREET ADDRESS	296 ELIZABETH ST. #5R	
CITY-ST-ZIP	MIAMI BEACH FL		24 CITY-ST-ZIP	NY NY 10012	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.