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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Mar 29, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

03-29-1999 90079 035 ***150.00

DOCUMENT # P95000092975 LIGHT COMMUNICATIONS, INC.											
LIGHT C	UMMUNICATIONS, INC.										
Principal Place	of Business	M	ailing Address						Alit Bhiti Adt	18 19118 31919 1911	(380) V III I VV I
3106 TANGLEWOOD DRIVE . 3106 TANGLEWOOD DRIVE											
SARASOTA FL 34239 SARASOTA FL 34239					DO NO			DO NOT WIT	WRITE IN THIS SPACE		
							<u> </u>	3. Date Incorporated or Qualifec		IS SPACE	
							'	01/01/1996			
O Delevised DI	and of Dunings	20	. Mailing Address					4. FEI Number		I An	plied For
2. Principal Place of Business			26					65-0629712	•	<u> </u>	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additional
22			27					5. Certificate of Status Desired		Fee Re	quired
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added 1	o Fees
Zip	Country		Zip	Cou	ntry] .	This corporation owes the cur	rent year l		
24	25	29		30			L	Personal Property Tax.		Yes	₽No
	9. Name and Address of Curre	nt Regi	stered Agent		041		1	0. Name and Address of New	Registere	a Agent	
വേ	LUTE ALLANIA				81	Name					
SCHULTE, ALLAN A					82	Street A	Address	(P.O. Box Number is Not Accep	able)		
3106 TANGLEWOOD DR SARASOTA FL 34239				83							
SAIT!	A301A 1 E 34239				03						
					84	City			F	85 Zip	Code
	to the provisions of Sections 607.050	02 and 6	207 1500 Florido Statut	es the a		-pamed c	cornorat	ion submits this statement for the	numose	of changing its	registered
office or re	opietored agent or both in the State	ant ⊢inn	da. Such chande was al	umonzec	יעםנ	ine corbo	pration's	board of directors. I hereby acce	pt the app	ointment as re	gistered
agent. I ar	m familiar with, and accept the obliga	ations of	f, Section 607.0505, Flo	rida Stati	utes.						
SIGNATURE	Signature, typed or printed name of registered again		if controlle (NOTE	Perietered	Anon	t signature re	equired who	en reinstating)	DATE		
12.	OFFICERS A			13.	7.9011	, arginatoro ro	oquiroo mil	ADDITIONS/CHANGES TO O	FFICERS	AND DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 17	TLE			.,		☐ Change	☐ Addition
NAME	SCHULTE, ALLAN A			1.2 N	AME						
STREET ADDRESS	3106 TANGLEWOOD DRIVE			1.3 \$1	1.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34239			1.4 C	1.4 ÇFTY-ST-ZIP			,			
TITLE			2.1 TI	2.1 TITLE		-		•	☐ Change	☐ Addition	
NAME	SCHULTE, MARCIA WRIGHT			2.2 N	AME			,			
STREET ADDRESS	3106 TANGLEWOOD DRIVE			2.3 \$7	REET	ADDRESS					
CITY-\$T-ZIP	SARASOTA FL 34239			2.4 C	aty-s	T-ZiP					
TITLE			☐ DELETE	3.1 TI	TLE					Change	Addition
- NAME	1 4 2 4		- -	3.2 N	AME	ļ	ŀ	. , ,			
STREET ADDRESS				3.3 S	TREET	ADDRESS	}		••	-	
ÇITY-ST-ZIP				3.4. 0	πy-\$	T-ZIP					
TITLE			☐ DELETE	4.1 TI	TLE		1			Change	Addition
NAME	• •			4. 2 N	AME						ł
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY+ST-ZIP	,			_	TY-S	T-ZIP					
TITLE			☐ DELETE	5.1 Π		1	1			☐ Change	☐ Addition
NAME				5.2 N							}
STREET ADDRESS						ADORESS					}
CITY-ST-ZIP				_	TY-S	T- ZIP	-				
TITLE			☐ DELETE	6.1 TI						Change	Addition
NAME				6.2 N			l				
STREET ADDRESS				6.3 \$	REE	ADDRESS					1

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:

Daytime Phone #