

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000014838**

1. Entity Name  
**LAMPLIGHTER MHP, INC.**



Principal Place of Business  
**C/O CAL-AM PROPERTIES, INC.  
18200 VON KARMAN, SUITE 725  
IRVINE, CA 91436 US**

Mailing Address  
**C/O CORY S. SUKERT  
18200 VON KARMAN #725  
IRVINE, CA 92612 US**



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2289678**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BOBO, ALLEN  
ONE SARASOTA TOWER, SUITE 500  
TWO NORTH TAMiami TRAIL  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000535850  
05/08/06-80072-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
**D**  
NAME  
**KARNO, NORTON S**  
STREET ADDRESS  
**16255 VENTURA BLVD, STE. 1200**  
CITY-ST-ZIP  
**ENCINO, CA 91436**

TITLE  
**D**  
NAME  
**LEFFLER, MARTIN G**  
STREET ADDRESS  
**16030 VENTURA BLVD, SUITE 300**  
CITY-ST-ZIP  
**ENCINO, CA 91436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Norton S. Karno, President (Norton S. Karno)* 4-24-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #