

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

004008

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

FILED

99 JUL 16 PM 2:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P97000039817**

1. Corporation Name  
**IN THE LIGHT PRODUCTIONS, INC.**



Principal Place of Business  
**6904 MINDELLO ST.  
 CORAL GABLES FL 33146**

Mailing Address  
**6904 MINDELLO ST.  
 CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |  |                |
|--------------------------------|---------------------|---------------------|---------------------|--|----------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified  |                |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 05/05/1997   |                |
| 22                             | City & State        | 27                  | City & State        | 4. FEI Number  | Applied For    |
| 23                             | Zip                 | 28                  | Zip                 | 65-0759481   | Not Applicable |
| 24                             | Country             | 29                  | Country             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                |
| 25                             |                     | 30                  |                     | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                      |                |
| 25                             |                     | 30                  |                     | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No |                |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| <b>ATRIUM REGISTERED AGENTS, INC.</b><br><b>1500 SAN REMO AVE., STE. 125</b><br><b>CORAL GABLES FL 32301</b> |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | P                               | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROKAB, SYLVANE                  | 1.2 NAME  |   |
| STREET ADDRESS             | 6904 MINDELLO ST                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CORAL GABLES FL 33146           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   |   |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |   |

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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.

SIGNATURE: *Sylvane Rokab*

CR2E034 (5/99)



**IN THE LIGHT**  
PRODUCTIONS INC.  
FILM • VIDEO • STILLS

WE WRITE, SHOOT, & EDIT

6904 Mindello St., Coral Gables FL 33146, Ph: (305) 663-4647 Fx: 663-9039, e-mail: Sylvie Ro@aol.com

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Florida Dept of State  
Division of Corporations  
PO.Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam,

I recently received the 2<sup>nd</sup> Notice for the 1999 Profit Corporation Annual Report packet and realized that the annual fee is past due. However, I was not aware that there ever was a first notice and therefore did not know that this fee was due.

I checked with your office and was told that I could resolve this pending case by sending you a check for the original amount due of \$ 150.00. Thank you for your understanding.

Best Regards,

Sylvie Rokab  
President