

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90191 042 ***150.00

DOCUMENT # P97000098627

1. Corporation Name
PLAYLIGHT, INC.



Principal Place of Business
7238 NW 70TH ST
MIAMI FL 33166
US

Mailing Address
7238 NW 70TH ST
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 11/19/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0811483 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 | | 29 | | 8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 | | 30 | | 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

DURAN & PELATI BUSINESS SERVICES, INC.
10300 SUNSET DRIVE
#465
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name Talcison Advisory Corp
82 Street Address (P.O. Box Number is Not Acceptable)
10300 Sunset Dr. Suite 435
83
84 City Miami FL 85 Zip Code 33173

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)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|----------------------------------|
| TITLE | PD | 1.1 TITLE | Change Addition |
| NAME | ROA, JULIAN | 1.2 NAME | |
| STREET ADDRESS | CARRERA 9A #107-27 | 1.3 STREET ADDRESS | Calle 104 #13 A-54 |
| CITY-ST-ZIP | SANTAFE DE BOGOTA, COLOMBIA-SA | 1.4 CITY-ST-ZIP | Santa Fe de Bogota, Colombia S.A |
| TITLE | S | 2.1 TITLE | Change Addition |
| NAME | HERNANDEZ, MARIO A | 2.2 NAME | |
| STREET ADDRESS | 12605 SW 91 ST, STE 215 | 2.3 STREET ADDRESS | 13862 S.W. 93 lane |
| CITY-ST-ZIP | MIAMI FL 33186 | 2.4 CITY-ST-ZIP | Miami, FL 33186 |
| TITLE | | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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

Date

Daytime Phone #

3/10/99 (305) 640-0400

CR2E034 (1/98)

02/2012