2091 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME

SIGNATURE:

Jan 30, 2001 8:00 am DOCUMENT # P98000033456 **Secretary of State** LIGHT SHOW ENTERTAINMENT, INC. 01-30-2001 90127 044 ***150.00 Principal Place of Business Mailing Address 185 RITA BLVD. 185 RITA BLVD. MELBOURNE FL 32951 MELBOURNE FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State -City'& State Applied For 4. FEI Number 59-3506007 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRASNY, ROBIN G Street Address (P.O. Box Number is Not Acceptable) 185 RITA BLVD. MELBOURNE FL 32951 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) Addition TITLE ☐ Delete TITLE Change NAME KRASNY, ROBIN G NAME STREET ADDRESS STREET ADDRESS 185 RITA BLVD. CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32951 ☐ Addition TITL F Delete TITLE ☐ Change FISCHER, EDWARD A NAME NAME STREET ADDRESS STREET ADDRESS 185° RITA BLVD. CITY-S1-7IP CITY-ST-7IP MELBOURNE FL 32951 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 11 or Block 12 if