


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90031 046 ***150.00

DOCUMENT # P98000033456

1. Entity Name
LIGHT SHOW ENTERTAINMENT, INC.



Principal Place of Business Mailing Address
185 RITA BLVD. **787 MALIBU LN**
MELBOURNE, FL 32951 **INDIALANTIC, FL 32903**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
787 Malibu Lane **787 Malibu Lane**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04042007 Chg-P CR2E034 (12/06)

City & State City & State
Indialantic, FL **Indialantic, FL**
 Zip Country Zip Country
32903 **32903**

4. FBI Number Applied For
58-3506007 Not Applicable

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

6. Name and Address of Current Registered Agent
KRASNY, ROBIN G
185 RITA BLVD.
MELBOURNE, FL 32951

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
787 Malibu Lane
 City State Zip Code
Indialantic FL 32903

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRASNY, ROBIN G | NAME | 787 Malibu Lane |
| STREET ADDRESS | 185 RITA BLVD. | STREET ADDRESS | Indialantic, FL |
| CITY-ST-ZIP | MELBOURNE, FL 32951 | CITY-ST-ZIP | 32903 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISCHER, EDWARD A | NAME | 2344 SKYWIND CIRCLE |
| STREET ADDRESS | 185 RITA BLVD. | STREET ADDRESS | MELBOURNE, FL |
| CITY-ST-ZIP | MELBOURNE, FL 32951 | CITY-ST-ZIP | 32935 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 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 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 signatures 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 807, 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: Robin G. Krasny ROBIN G. KRASNY 4/4/07 (321) 480-0669
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #