


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 _____

Suite, Apt. #, etc. Suite, Apt. #, etc.

04042007 Chg-P CR2E034 (12/06)

City & State City & State

Indialantic, FL _____

Zip Country Zip Country

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 **Indialantic** **FL** Zip Code **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 #