2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 21, 2000 8:00 am Secretary of State DOCUMENT # **P98000033776** SMARTLITE COMMUNICATIONS, INC. 08-21-2000 90208 026 ***558.75 Principal Place of Business Mailing Address 6230 STONE ROAD 6230 STONE ROAD BUILDING M BUILDING M AUU73546 PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3453971 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZANI, GUY JR. Street Address (P.O. Box Number is Not Acceptable) 925 BAYSHORE DR. SETON CIACLE **TARPON SPRINGS FL 34689** 8. The above named entity submits this statement for the purpose of changing its registered office or registered or both, in the State of Florida. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CEOD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ZANI, GUY JR NAME NAME 6230 STONE RD, BLDG M STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP **VPD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition ZANI, JOSEPH F NAME NAME 6230 STONE RD BLD. M STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PORT RICHEY FL 34668** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition VAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition IAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITLE ☐ Delete TITLE ☐ Change ■ Addition IAME TREET ADDRESS STREET ADDRESS TTY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE

DEFECTUIGNO ANI TR.

8/15/200 727-842-1490 Date Dayune Phone #