## Jun 19, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secretary of State P98000038353 DOCUMENT # 06-19-2002 90461 018 \*\*\*150.00 1. Entity Name LIGHTHOUSE TECHNOLOGIES INTERNATIONAL, INC. XD JOOU Mailing Address Principal Place of Business 5450 COUNTY RD 581 29644 MORWEN **PMB 113** WESELY CHAPEL FL 33543 WESELY CHAPEL FL 33543 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3504883 City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MORAN, RONALD 29644 MORWEN WESELY CHAPEL FL 33543 Zip Code City 8. The above named agent, or both, in the State of Florida. SIGNATURE 1 (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01 ☐ Addition ☐ Change TITLE Delete TITLE NAME PORTER, DEANA L NAME STREET ADDRESS 14335 GLASTONBURY STREET ADDRESS CITY-ST-ZIP DETROIT MI 48223 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME LOCKE, DEREK J NAME STREET ADDRESS STREET ADDRESS 6160 BARGER CITY-ST-ZIP **DEARBORN HEIGHTS MI 48127** CITY-ST-ZIP Addition ☐ Change □.Delete. TITLE NAME MORAN, RONALD NAME STREET ADDRESS STREET ADDRESS 29644 MORWEN PL CITY-ST-ZIP Wesley Chapel FL 3354<u>3</u> CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete LOCKE, DIANNE F NAME STREET ADDRESS STREET ADDRESS 6160 BARGER CITY-ST-ZIP DEARBORN HEIGHTS MI 48127 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

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FILED