FOR PROFIT CORPORATION > UNIFORM BUSINESS REPORT (UBR)

attachment with an address, with all other like empowered.

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DOCUMENT # P980000 62008 FILED 1. Entity Name 02 MAR 11 PH 12: 53 LAZER LUCE, Inc. SECRETARY OF STATE DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 965 orch.2 165 occ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent APCID DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE orehid 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 registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE TITLE Susan Caprio abs orchie Lane 10000<u>51</u>70<u>48</u>1: NAME: -03/27/02--01004--026 STREET ADDRESS STREET ADDRESS Coulf Stream, FlA ****308.75 CITY-ST-ZIP City-St-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME _ NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE : TITLE THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 on an

LAZERLÜRE, Inc.

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March 5, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

Re: Lazerlure, Inc. Document Number P98000062008, 2001 UBR filing

To Whom It May Concern:

Please be advised that when filing my year 2000 UBR, the address was changed for registered agent and mailing address from 4021 NE 24th Terr to 965 Orchid Lane, for some reason I did not receive my UBR filing documents for the year 2001. Upon trying to file my UBR for 2002 I discovered that my corporation was inactive due to failure to file for 2001. I am therefore submitting my UBR for 2002 with an additional payment of \$150.00 for 2001.

Thank you for your cooperation on this matter, if you have any questions please contact me at the address and numbers below.

Regards,

Susan Capr President

> 965 ORCHID LANE, GULF STEAM, FL 33483 PHONE 561-272-8225 FAX-561-272-8489 E-MAIL SCAPRIO@ZIM.COM