2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P98000069815** LIGHTNING SIGNS, INC. 04-26-2001 90228 021 ***150.00 Principal Place of Business Mailing Address 2447 FORSYTH ROAD 2447 FORSYTH ROAD ORLANDO FL 32807 ORLANDO FL 32807 749173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #; etc. Suite, Apt. #, ctc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3527676 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES, TED L Street Address (P.O. Box Number is Not Acceptable) 2447 FORSYTH ROAD ORLANDO FL 32807 City Zip Code 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 Fior'da SIGNATURE. Signature, typed or printed name of registered agent and the if applicable. (NOTE Registered Agent's gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) itlake Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change LITI F Delete TITLE CHARLES, TED L NAME NAME STREET ADDRESS 2447 FORSYTH ROAD STRUCT ADDRESS CITY-ST-ZIP CHY-ST-ZIE ORLANDO FL 32807 ☐ Delete ☐ Change Addition THE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete THEE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY - ST-ZIF Addition [] Chance TITLE Delete TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST- 7IP Change [_] Addition ☐ Delete mi s TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CLEY - ST- ZIP ☐ Change Addition De.ete TRILE TITLE NAME NAME

13. I hereby certify that the information supplied with this Fling 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 eath; that I am an efficient 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 addross, with all other like empowered.

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01 407-679-2339