FILED Apr 30, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000093389

SPOTLIGHT IMAGE MODELING, INC.

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Principal Place	e of Business	Mailing Address	· -		18510 18100 iiida iiidi ialia iam
9950 STIRLING		9950 STIRLING ROAD			
SUITE 107		SUITE 107 COOPER CITY FL 33024		DO NOT WRITE IN THIS SPACE	
COOPER CITY	FL 33024	COUPER OUT TO SOUCH		3. Date Incorporated or Qualifed	
				11/04/1998	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 2072310	. Applied For
21	· .	26		65-0012008	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	a	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28 Zip	Country	This corporation owes the current year	
	25	29 30	–	Personal Property Tax.	Yes No
24]	9. Name and Address of Curren		<u></u>	10. Name and Address of New Registe	red Agent
	VI 1141117 WILL		81 Name	10, 5, 1,100 +1-100	
	RILAWYER		82 Street Addit	ress (P.O. Box Number is Not Acceptable)	7
	ALMERIA AVENUE		49	75 S.W. 148 MV	<u>, ()</u>
COR	AL GABLES FL 33134		83		
	1		84 City	110	FL 85 7050000 0
44 Primilant	to the provisions of Sections 607 050	12 and 607 1508 Florida Statutes	the above-named corp	protion submits this statement for the nurnos	e of changing its registered
office or re	egistereti agent, or/both, in the state	of Florida, Such change was auth	horized by the corporation	on's board of directors. I hereby accept the a	ppointment as registered
agent. I a	m familiar with, and acceptioneropiga	itions of, Section 607.9505, Fibrio	la Statutes.	4-2	23-44
SIGNATURE	Signature, typed or printed name of egistered ager	nt and title if applicable. (NOTE: Re	Registered Agent signature required	d when reinstating) DAT	E
12.	- 1/-	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PSRT	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	WOOLFSTEAD, JAY S				
STREET ADDRESS			1.2 NAME		
	9950 STIRLING ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	9950 STIRLING ROAD COOPER CITY FL 33024		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	l .	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
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14. 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 annual report or supplemental archital 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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CiTY-ST-ZIP