

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90228 007 \*\*\*150.00

DOCUMENT # P98000097686

1. Corporation Name

WHITE LIGHT PRODUCTIONS, INC.



Principal Place of Business

C/O MICHAEL ORTIZ P.A.  
2665 S BAYSHORE DRIVE SUITE 902  
MIAMI FL 33133

Mailing Address

C/O MICHAEL ORTIZ P.A.  
2665 S BAYSHORE DRIVE SUITE 902  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1998

4. FEI Number

65-0899694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 770 S. DIXIE HWY  
Suite, Apt. #, etc.  
22 #200

2a. Mailing Address

26 PO BOX 141916  
Suite, Apt. #, etc.  
27

23 City & State  
CORAL GABLES, FL

28 City & State  
CORAL GABLES, FL

24 Zip Country  
33146 DSA

29 Zip Country  
33114 USA

9. Name and Address of Current Registered Agent

ORTIZ, MICHAEL  
2665 S BAYSHORE DRIVE  
SUITE 902  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name  
BARRY MACEWAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
4275 LENNOX DRIVE  
83  
84 City  
COCONUT GROVE FL 85 Zip Code  
33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT / SEC / TREAS.  
BARRY MACEWAN  
770 S. DIXIE HWY #200  
CORAL GABLES, FL 33146

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

305 6658100

Daytime Phone #

CR2E034 (11/98)