Mar-20-00 02:59pm From-KAUFMAN ROSSINANDCO PRESS OFFICE 123

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90049 037 ***150.00

C0048314

DOCUMENT # P98000097686

1. Entity Name
WHITE LIGHT PRODUCTIONS, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
770 S. DIXIE HWY		PO BOX 141916	
Suite, Apt. #, etc. #200		Suite, Apt #, etc	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33146	Country USA	Zip 33114	Country USA

4. FEI Number 65-0899694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name BARRY MACEWAN
Street Address (PO Box Number is Not Acceptable) 4275 LENNOX DRIVE
City COCONUT GROVE FL Zip Code 33133

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 [signature] BARRY MACEWAN 3/22/00
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BARRY MACEWAN 4275 LENNOX DRIVE COCONUT GROVE, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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.

SIGNATURE: [signature] BARRY MACEWAN 3/28/00 305 665 8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL-2/431F 1