FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2002 8:00 am P98000097686 Secretary of State DOCUMENT # 1. Entity Name 01-25-2002 90017 003 \*\*\*158.75 WHITE LIGHT PRODUCTIONS, INC. Principal Place of Business Mailing Address 770 S DIXIE HWY PO BOX 141916 60010198 CORAL GABLES FL 33114 #250 **CORAL GABLES FL 33146** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0899694 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent No change MACEWANS, BARRY 4275 LENNOX DR **COCONUT GROVE FL 33133** City Zip Code 8. The above named submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** rinted name of registered agent and title if applicable. (NOTE: Registered Agent signature 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition MACÉWAN, BARRY NAME NAME 4275 LENNOX DR STREET ADDRESS STREET ADDRESS COCONUT GROVE FL 33133 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME MCGUIRE, GEOFFREY NAME 7820 SW 53 COURT STREET ADDRESS STREET ADDRESS CITY\_ST\_7IP CITY-ST-7IP MIAMI FL 33143 TITLE ☐ Delete TITLE Change ☐ Addition NAME GREGORY, GARY NAME: STREET ADDRESS 3810 BRAGANZA AVENUE STREET ADDRESS CITY-ST-7IP **MIAMI FL 33133** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 received that used empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachm