FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 15, 2003 8:00 am Secretary of State

DOCUMENT # TOO A S S S S S S S		Secretary of State
DOCUMENT # P9900005080		04-15-2003 90112 003 ***150.00
Light years Associates, Inc		
DO NOT WRITE IN THIS SP	ACE	
(2.36, 2.3		
2. Principal Place of Business 35 8 000 4 GS AVC 398 200 9 CS Suite, Apt. #, etc. Suite, Apt. #, etc.	isAuc	DO NOT WRITE IN THIS SPACE
City & State		4. FEI Number / Applied For
Lip Country Zip	County County	59-3558304 Not Applicable
32714 USA 32714	USA	5. Certificate of Status Desired S8.75 Additional Fee Required
And the second s	-Name	7. Name and Address of Current Registered Agent
DO NOT WRITE	3, 8 700V	P.O. Box Number is Not Acceptable)
IN THIS SPACE	Olicel Address (F	A
de Pillo Ol AOL	$\frac{35a4}{}$	Estavoa Way
		0000 FL 35979
 The above named entity submits this statement for the purpose of changing its re the obligations of registered agent. 	egistered office or registere	d agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE:	Registered Agent signature required v	May 103 When reinstating) DATE
January 1 Alby 1. Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61:25 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS	建设设计划的设计程度	Company of the control of the contro
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	TIFLE NAME	11202)
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12.1 Increby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 rederver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address. With all other like empowered.

SIGNATURE (

TUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127/03 407-862-473

Daytime Phone #