FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBÁ

**SIGNATURE:** 

## Apr 16, 2003 8:00 am Secretary of State P99000018479 DOCUMENT # 04-16-2003 90113 050 \*\*\*150.00 1. Entity Name LIGHTZ-FANTASTIC INTERNATIONAL, INC. he Zone Promotions, Inc Principal Place of Business Mailing Address 3438 EAST LAKE ROAD SUITE 14 PUB 682 CHALLE HARBOR FL 34685 2. Principal Place e 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 59-3568454 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BOSSE, ROSANNE E Street Address (P.O. Box Number is Not Acceptable) 3829 LOUIS CIRCLE **TARPON SPRINGS FL 34689** Zip Code 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. the obligations of registered agent. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Siter May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Maxe Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10.4 **PST** TITLE ☐ Delete TITLE Addition **BOSSE. ROSANNE** NAME STREET ADDRESS 3829 LOUIS CIRCLE STREET ADDRESS CITY-ST-7IP **TARPON SPRINGS FL 34689** CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete BOSSE, MICHEAL NAME NAME STREET ADDRESS STREET ADDRESS 3829 LOUIS CIRCLE CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP Jonathan Brunson | Deleteres MM TITLE ☐ Change Addition Twin Creeks Dr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 receiving or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the received