2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am DOCUMENT # P99000019931 Secretary of State LIGHTHOUSE PRESS, INC. 05-02-2000 90125 047 ***150.00 Mailing Address Principal Place of Business 2650 NE 52ND STREET LOGO NE 52ND STREET <u> пентной \$5</u> POINT FL 33064-7052 LIGHTHOUSE POINT FL 33064-7052 2. Principal Place of Business 3. Mailing Address 3050 NE 48TH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 104 104 Applied For City & State Point F2 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33064 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, STEPHEN G 2650 NE 52ND STREET LIGHTHOUSE POINT FL 33064-7052 Zio Code 3306 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 agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. TITI F TITLE **PSTD** ☐ Delete NAME RICHARD, RONALD 3050 NE 48TH COURT #104 STREET ADDRESS STREET ADDRESS 2650 NE 52ND STREET CITY-ST-ZIE Lighthouse Point FL 33064 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064-7052 ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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:

SIGNATURE:

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP