DOCUMENT # \$9900002 0657 Jun 21, 2000 8:00 am 1. Entity Name **Secretary of State** LIGHTHOUSE PRODUCTIONS, INC. 05-15-2000 90188 001 \*\*\*150.00 Principal Place of Business Mailing Address 1720 Longview Lane SAMM -Tarpon Springs, FL 346 104715 2. Principal Place of Business 3. Mailing Address LIGHTHOUSE Productions Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1720 LUNGUEN Applied For City & State City & State 4. FEI Number Grpon Spring 9-3650619 Not Applicable 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 Diana J. Nicholas
17-20-Longview Lane
Tarpon Springs, FL
34689 (P.O. Box Number is Not Acceptable), onguiew-Lan 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable. FILE NOWILL FEE IS \$150.00

After MAY | 2000 Fee will be \$550.00

Make Check Payable to Department of State. 9. This corporation is eligible to satisfy its intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Change ■ Addition President ☐ Delete DITE Diana J. Nicholas NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 17 to Longview Laws CITY-ST-ZIP CITY-ST-7IF Tarpon Strings, EL ☐ Addition Channe Channe TITLE Vice-President NAME NAME John Mulhern STREET ADDRESS P.O. Box 2193 Jarpen Springs, FL 34688-2193 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Treasurer - Steretary DIE ☐ Change · ☐ Addition Delete MLE NAME JAMAS A. Nizhok STREET ADDRESS STREET ADDRESS 1720 WWg VICEN CITY-ST-ZIP CITY-ST-ZIP - 🔲 Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete DTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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. James A. N. cheles 727-934-8101 Secre king SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)