2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000020878 Jan 20, 2000 8:00 am 1. Entity Name ي يا يا يا يا **Secretary of State** LIGHTSHIP ENTERTAINMENT, INC. 01-20-2000 90109 003 ***150.00 Principal Place of Business Mailing Address 1424 PINECREST PLACE 1424 PINECREST PLACE ORLANDO FL 32803-5422 ORLANDO FL 32803 3. Mailing Address 2. Principal Place of Business 22927 PO BOX DISNEY/MOM STUDIOS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PRODUCTION TRAILER D-6 4. FEI Number 59 -3562994 Applied For City & State City & State LK. BUKNA VISTA, FL LAKE BLEND VISTA, FL Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired X 37630 32830 ONNINE Fee Required ORIGNGE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERROTT ANDREW PERROTT, ANDREW S Street Address (P.O. Box Number is Not Acceptable) 1424 PINECREST PLACE ORLANDO FL 32803 ST. 1504 MOUNT VERNOD City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT Addition TITLE TITLE ☐ Delete PERROT, ANDREW S PERROTT, ANDREW S NAME NAME ISOY MOUNT JERNON ST 1424 PINECREST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP ORLANDO, FL 32803 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE - - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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