

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90014 044 ***158.75

DOCUMENT # P99000020878

1. Entity Name
LIGHTSHIP ENTERTAINMENT, INC.



Principal Place of Business
**1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A
ORLANDO, FL 32819**

Mailing Address
**1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A
ORLANDO, FL 32819**

2. Principal Place of Business - No P.O. Box #
6150 Metrowest Blvd.

Suite, Apt. #, etc.
Ste 208

City & State
ORLANDO, FL

Zip
32835

Country
USA

3. Mailing Address
6150 Metrowest Blvd

Suite, Apt. #, etc.
Ste 208

City & State
ORLANDO, FL

Zip
32835

Country
USA



01182008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3362994

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERROTT, ANDREW S
905 FERN AVENUE
ORLANDO, FL 32814**

7. Name and Address of New Registered Agent

Name
Robin Cohen

Street Address (P.O. Box Number is Not Acceptable)
6150 Metrowest Blvd

Suite, Apt. #, etc.
Ste 208

City
ORLANDO

State
FL

Zip Code
32835

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

1/25/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERROTT, ANDREW S 905 FERN AVENUE ORLANDO, FL 32814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/25/08

DATE

Daytime Phone #