

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90060 039 ***150.00

DOCUMENT # P99000033628

1. Entity Name

BRIGHT DAWN, INC.

Principal Place of Business

Mailing Address

ONE BISCAYNE TOWER, SUITE 2975
 TWO S BISCAYNE BLVD
 MIAMI FL 33131

ONE BISCAYNE TOWER, SUITE 2975
 TWO S BISCAYNE BLVD
 MIAMI FL 33131-1806

2. Principal Place of Business

7345 W. SAND LAKE ROAD

Suite, Apt. #, etc.
 #201

City & State
 ORLANDO, FL

Zip Country
 32819 USA

3. Mailing Address

7345 W. SAND LAKE ROAD

Suite, Apt. #, etc.
 #201

City & State
 ORLANDO, FL

Zip Country
 32819 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0910555

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MACDANIEL, JOHN M ESQ
 ONE BISCAYNE TOWER, SUITE 2975
 TWO S BISCAYNE BLVD
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
ANTONIO LEMUS, CPA
 Street Address (P.O. Box Number is Not Acceptable)
 112 MARCIA DRIVE
 City **ALTAMONTE SPRINGS** **FL** Zip Code **32714**

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

[Signature]

ANTONIO LEMUS

4/19/00
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PST
STREET ADDRESS	WALTER SANTOS
CITY-ST-ZIP	14714 BRADDOCK OAK DRIVE ORLANDO, FL 32837-4954
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **WALTER SANTOS, PRESIDENT** Date **04/19/00** (407) 352-4552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)