FILED ្ទី2002 UNIFORM BUSINESS REPORT (UBR) Aug 13, 2002 8:00 am Secretary of State S91762 DOCUMENT # 1. Entity Name 08-13-2002 90223 045 ***150.00 I.D. LITE, INC. Principal Place of Business Mailing Address 4645-A SOUTHERN BLVD. 4645-A-SOUTHERN BLVD. 973954 WEST PALM BEACH FL 33415. WEST PALM BEACH FL 32415 2. Principal Place of Business 3033 S 3033 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0293891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFMAN, PETER Street Address (P.O. Box Number is Not Acceptable) 4645 A SOUTHERN BOULEVARD. WEST PALM BEACH FL 33405 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both SIGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE ■ Addition HOFFMAN, PETER NAME NAME 3033 S. langress Arenue Palm Springs, Pl. 33461 4045 A SOUTHERN BLVD CR2E034 STREET ADDRESS STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP **PST** TITI E ☐ Delete TITLE Addition HOFFMAN, PETER NAME NAME STREET ADDRESS 4645 A SOUTHERN BLVD STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 changed, or on an attachment with an address, with all play like empowered. 6/UZ 561- 432-133 Date Daytime Phone

SIGNATURE:

I.D. LITE, INC.
3033 South Congress Avenue

Palm Springs, FL 33461 561-432-1333

Florida Department of State Uniform Business Report Filing P.O. Box 1500 Tallahassee, FL 32302-1500

August 6, 2002

RE: I.D. Lite, Inc. Document #S91762

Dear Sir, or MS.,

As per my telephone conversation with your office, please find enclosed my check in the amount of \$150.00 for the annual filing. Our business moved to a new location, and we just received the renewal in the mail. Please do note the changes shown on the report.

Sincerely,

Peter Hoffman

President