

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000086467**  
 1. Entity Name  
**NATHAN LIGHT, INC.**



Principal Place of Business  
 6620 BOCA DEL MAR DR.  
 APT. 607  
 BOCA RATON, FL 33433

Mailing Address  
 6620 BOCA DEL MAR DR.  
 APT. 607  
 BOCA RATON, FL 33433



**DO NOT WRITE IN THIS SPACE**

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0456457 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 GASSMAN, ALAN S  
 1212 COURT ST.  
 SUITE B  
 CLEARWATER, FL 34616

**DO NOT WRITE IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LIGHT, IRENE<br>6620 BOCA DEL MAR DR., APT. 607<br>BOCA RATON, FL 33433 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | OD<br>LIGHT, NATHAN<br>6620 BOCA DEL MAR #607<br>BOCA RATON, FL 33433        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nathan Light* 2-12-04 561-750-8051  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #