

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2007 DEC 17 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/20/07 01029 018 900.00
REINSTATEMENT 06-07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000003324

1. Corporation Name

Benedict Canyon Productions, Inc.

2. Principal Office Address - No P.O. Box #
9200 W. Sunset Blvd.

3. Mailing Office Address
9200 W. Sunset Blvd.

Suite, Apt. #, etc.
#1100

Suite, Apt. #, etc.
#1100

City & State
West Hollywood, CA

City & State
W. Hollywood, CA

Zip
90069

Country
USA

Zip
90069

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
8/29/05

5. FEI Number
95-4091491

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

M.T. FITZPATRICK
ASSISTANT SECRETARY

Date **12/11/2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CED	Harold Walt	1467 S. Durango Avenue	Los Angeles, CA 90035
Pres.	Faith Branvold	3820 Broadlawn Drive	Los Angeles, CA 90068
Sect.	Christine Houser	12837 Landale Street	Studio City, CA 91604
CFO	Grace Drulias	5608 Blackbird Avenue	Westlake Village, CA 91362

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

[Signature]

Christine Houser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/07
Date

(310) 385-1000
Daytime Phone #

12/18