

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F93000005855

1. Entity Name
MAGNIVISION, INC.



FILED

05 NOV 14 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **ONE AMERICAN ROAD CLEVELAND, OH 44144 US**
Mailing Address: **ONE AMERICAN ROAD CLEVELAND, OH 44144 US**

2. Principal Place of Business: **500 GEORGE WASHINGTON HWY**
Suite, Apt. #, etc.:
3. Mailing Address: **500 GEORGE WASHINGTON HWY**
Suite, Apt. #, etc.:

City & State: **SMITHFIELD RI**
Zip: **02917** Country: **USA**
City & State: **SMITHFIELD RI**
Zip: **02917** Country: **USA**



11042005 REIN-P CR2E098 (6/04)

4. FEI Number: **65-0419470**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: **FL** Zip Code:

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.
Cynthia L. Harris
as its agent
SIGNATURE: *Cynthia L. Harris* DATE: **11/18/05**

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: PEER, RONALD STREET ADDRESS: ONE AMERICAN ROAD CITY-ST-ZIP: CLEVELAND, OH 44144	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: CIPOLLONE, JOSEPH B STREET ADDRESS: ONE AMERICAN ROAD CITY-ST-ZIP: CLEVELAND, OH 44144	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: SMITH, STEPHEN J STREET ADDRESS: ONE AMERICAN ROAD CITY-ST-ZIP: CLEVELAND, OH 44144	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: WEISS, ZEV STREET ADDRESS: ONE AMERICAN ROAD CITY-ST-ZIP: CLEVELAND, OH 44144	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: WEISS, ERWIN STREET ADDRESS: ONE AMERICAN ROAD CITY-ST-ZIP: CLEVELAND, OH 44144	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: RYDER, ROBERT STREET ADDRESS: ONE AMERICAN RD CITY-ST-ZIP: CLEVELAND, OH 44144	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: T/S NAME: BRIAN LAGARTO STREET ADDRESS: 500 GEORGE WASHINGTON HWY CITY-ST-ZIP: SMITHFIELD, RI 02917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ALEC TAYLOR STREET ADDRESS: 500 GEORGE WASHINGTON HWY CITY-ST-ZIP: SMITHFIELD, RI 02917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JARED BLUESTEIN STREET ADDRESS: 1114 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK, NY 10036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WILLIAM HALLISEY STREET ADDRESS: 1114 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK, NY 10036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 200061416402 STREET ADDRESS: 11/14/05--01054--020 CITY-ST-ZIP: **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 11/15	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a address, with all other like empowered.

SIGNATURE: *Brian J. Lagarto* **BRIAN J. LAGARTO** 11-7-05 (401) 719-2253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daring Phone #