



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 740025 1. Entity Name LOOK AND LIVE, INC.						FILED 04 NOV -4 AM 11:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 124 WEST ASHLEY ST JACKSONVILLE, FL 32202				Mailing Address 124 WEST ASHLEY ST JACKSONVILLE, FL 32202			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-1762209				Applied For <input type="checkbox"/> Not Applicable		REINSTATEMENT 2004 	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SWAIN, WILLIAM R. 2 PRUDENTIAL PLAZA SUITE 1710 JACKSONVILLE, FL 32207				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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITTAKER, E. H. <input type="checkbox"/> Delete 1300 S. FIRST STREET JACKSONVILLE BEACH, FL 32250			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200042475222 11/04/04--01045--008 ***70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOUND, A.C. <input type="checkbox"/> Delete 3738 RIVER HALL DR JACKSONVILLE, FL 32217			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200042475222 11/04/04--01045--008 ***61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWAIN, W.R. <input type="checkbox"/> Delete 3713 TIMUCUA TRAIL JACKSONVILLE, FL 322772251			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLOUNT, JOHN O. <input type="checkbox"/> Delete 6264 RIVIERA LANE JACKSONVILLE, FL 322162532			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 the report as required by Chapter 617, 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: X <i>William R. Swain</i>				11/3/04 (904) 493-3400			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			