## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F02000001374

FILED Apr 26, 2006 Secretary of State

Entity Name: BIZCAPITAL BUSINESS & INDUSTRIAL DEVELOPMENT CORPORATION

Current Principal Place of Business:				New Principal Place of Business:		
111 VETERANS MEMORIAL BLVD., SUITE 1240 METAIRIE, LA 70005				909 POYDRAS SUITE 2230 NEW ORLEANS, LA 70112		
Current Mailing Address:				New Mailing Address:		
111 VETERANS MEMORIAL BLVD., SUITE 1240 METAIRIE, LA 70005			909 POYDRAS SUITE 2230 NEW ORLEANS, LA 70112			
FEI Number:	72-1263004	FEI Number Applied For ( )	FEI Nur	mber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
COCKSHUTT, TIMOTHY G 100 NORTH TAMPA STREET, SUITE 2410 TAMPA, FL 33602 US				STULL, STEVEN T 16750 GULF BOULEVARD NO. 416 ST. PETERSBURG, FL 33708 US		
The above in the State		submits this statement for th	ne purpose o	of changing it	ts registered	d office or registered agent, or both,
SIGNATURE: STEVEN T. STULL						04/26/2006
	Electron	ic Signature of Registered	Agent			Date
		3(2)(b), F.S., the corporation did Trust Fund Contribution ( ).	d not receive t	the prior notice	e.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BROCATO, JOH	MEMORIAL BLVD., SUITE 1240	)	Title: Name: Address: City-St-Zip:	BROCATO, 3 909 POYDRA	(X) Change ()Addition JOHN M AS, SUITE 2230 ANS, LA 70112
Title: Name: Address: City-St-Zip:	SMITH, FLOYD	MEMORIAL BLVD., SUITE 1240	)	Title: Name: Address: City-St-Zip:	SMITH, FLO' 909 POYDRA	(X) Change()Addition YD L AS STREET, SUITE 2230 ANS, LA 70112
Title: Name: Address: City-St-Zip:	BROWN, CHRIC	STREET, SUITE 2230		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	AS () JOHNSON, MIC 909 POYDRAS NEW ORLEANS	HAEL T STREET, SUITE 2230		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	STULL, STEVE	STREET, SUITE 2230		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	BERGMANN, D	BLVD., SUITE 1850		Title: Name: Address: City-St-Zip:		()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRICHTON W. BROWN ST 04/26/2006