

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F95000006011

1. Entity Name  
ART WILLIAMS PRODUCTIONS, INC.



FILED

09 JAN 29 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
761 NORTHWOOD BLVD.  
INCLINE VILLAGE, NV 89451

Mailing Address  
PO BOX 9137  
INCLINE VILLAGE, NV 89452

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
3473 SATELLITE BLVD.  
SUITE 211  
DULUTH, GA  
Zip Country  
30096 GWINNETT



01222009 REIN-P CR2E098 (1/07)

4. FEI Number  
59-3339960

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
GEIGER, ALLAN T  
1301 RIVERPLACE BLVD.  
SUITE 1500  
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent  
Name  
E. Allen Hieb, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
1301 Riverplace Blvd. Suite 1500  
City Jacksonville FL Zip Code 32207

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 *E. Allen Hieb, Jr.* 1/23/2009  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, ARTHUR L JR	
STREET ADDRESS	#1 BOWMAN ROAD AMELIA VILLAGE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRIM, GLOICE Y	
STREET ADDRESS	3473 SATELLITE BLVD., #211	
CITY-ST-ZIP	DULUTH, GA 30096	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, JAMES E	
STREET ADDRESS	3473 SATELLITE BLVD. STE 211	
CITY-ST-ZIP	DULUTH, GA 30036	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANGELA H	
STREET ADDRESS	#1 BOWMAN ROAD AMELIA VILLAGE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100142418701
CITY-ST-ZIP	01/29/09--01046--016 **308.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Arthur L Williams Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/09 770-813-0090  
Date Daytime Phone #