

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000002813

1. Entity Name
VIRGIN ENTERTAINMENT GROUP, INC.



Principal Place of Business
1494 BUENA VISTA DR
LAKE BUENA VISTA, FL 32830 US

Mailing Address
5757 WILSHIRE BLVD.
SUITE 300
LOS ANGELES, CA 90036 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
95-4385291

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARACORP INCORPORATED
236 E 6TH AVE
TALLAHASSEE, FL 32303

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
WRIGHT, SIMON
5757 WILSHIRE BLVD., SUITE 300
LOS ANGELES, CA 90036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400103587334
05/31/07--01006--021 **\$300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ALDER, DAVE
5757 WILSHIRE BLVD., SUITE 300
LOS ANGELES, CA 90036 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Pockham, Steve
School House 50 Brook Green
Hammersmith W6 7RR England ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
AHUTA, RAVI
5757 WILSHIRE BLVD., STE. 300
LOS ANGELES, CA 90036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Anuja, Ravi
5757 Wilshire Blvd Ste. 300
Los Angeles, CA 90036 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

Date

323/904-6121

Daytime Phone #

FILED
07 MAY 17 PM 3:29
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07