PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -8 PM 4:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F98000000963

1. Corporation Name

SOUNDELUX SHOWORKS, INC.

Principal Place of Business	Mailing Address
~~7080 HOLLYWOOD BLVD. 11TH FL~~ ~~HOLLYWOOD CA 90028~~	~~7080 HOLLYWOOD BLVD. 11TH FL~~ ~~HOLLYWOOD CA 90028~~ 1701 PARK CENTER DRIVE ORLANDO, FL 32801

2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1701 PARK CENTER DR	1701 PARK CENTER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32835 Country: USA	Zip: 32835 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 02/19/1998

5. FEI Number: 95-4662820 (Applied F / Not Appli)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee for a Certificate of St

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	EDELL, JEFFREY S	7080 HOLLYWOOD BLVD., 11TH FL	HOLLYWOOD CA
SD	STATEMAN, WYLIE	7080 HOLLYWOOD BLVD., 11TH FL	HOLLYWOOD CA
D	BENDER, LON E	7080 HOLLYWOOD BLVD., 11TH FL	HOLLYWOOD CA
T	GORDON, MITCHELL	7080 HOLLYWOOD BLVD., 11TH FL	HOLLYWOOD CA

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

200004717107--2
-12/10/01--01096--016
****750.00 ****750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: David I. Farber — DAVID I. FARBER, ASSISTANT SECRETARY — Date: 10/26/2001

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information i on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01 — Date

407-926-6509 — Daytime Phone #

01