PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H33323

1. Corporation Name

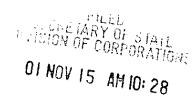
VIDEO PRODUCTION CENTER, INC.

Principal Place of Business
601 Sunvise Aue 201 W SR 434

Mailing Address

601 Bunvise Ave

-201 W SR-494



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If above a	ddresses are incorrect in any way, line	through incorrect i	information a	and enter correction below.				
2. New Pri	ncipal Office Address, If Applicable	3. New Mail	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 12/10/1984		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Numbe			
City & State)	City & State				59-2770560	Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICATI		75 "Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer a	nd/or Director (Flo	orida nonpro	fit corporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / Si	tate / Zip	
PD	ALLEN, RALPH		-595 SUNRISE AVE.			WINTER SPRINGS FL		
				5 4 11	. 1	00004703	3221-3	
					000047032213 -12/04/0101008003 ****150.00 ****150.00			
		OFF 45-141						
						1-1	1/20	
						N.		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
(O) S95 SUNRISE AVE.				Name				
				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
~ WINTE	ER-SPRINGS-FL-32708-		~ - -	Suite, Apt. #, Et	G			
				City		State FL		
10. I, being	appointed the registered agent of the	above named corp	oration, am	familiar with and accept the	obligations of Sect	ion 607.0505, F.S.		

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 filling 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 fees 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN



To Whom this may concern

with someone in the Department and they told me to write this ketter explaining my situation.

I don't recieve a late notice due to our address change From 201 W 5R-434 to

601 Sanvis- Are Wester Sprins, F 32708 our New phone # is 407 696-5432. In still

the registered As ent and Pres Thank you for he prus me and In sure this will

Never happen as gain

P.S. Ialso never recreved the initial notice to file Once again thank tou your help

> (001 Sunn 5 e Aug 201 West State Road 434 • Winter Springs, FL 32708 • (407) 327-0068