

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN -8 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


11/01/06 01048 006 \$150.00



REINSTATEMENT

(11/05)

007

DOCUMENT # K90143					
1. Entity Name SWANSEA PRODUCTIONS, INC.					
Principal Place of Business 2658 GORDON DR. NAPLES, FL 34102 US			Mailing Address 2658 GORDON DR. NAPLES, FL 34102 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0156265	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMAS, STELLA B. 2658 GORDON DR. NAPLES, FL 33940				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 <u>Stella B. Thomas</u>				DATE <u>Nov. 16, 2006</u>	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	THOMAS, PETER A.				
STREET ADDRESS	2658 GORDON DR.				
CITY-ST-ZIP	NAPLES, FL				
TITLE	EA	<input type="checkbox"/> Delete			
NAME	THOMAS, STELLA B.				
STREET ADDRESS	2658 GORDON DR.				
CITY-ST-ZIP	NAPLES, FL				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	THOMAS, PETER, JR.				
STREET ADDRESS	241 10TH AVE. SOUTH				
CITY-ST-ZIP	NAPLES, FL 34102				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	THOMAS, DOUGLAS M.				
STREET ADDRESS	2 STANWICH LANE				
CITY-ST-ZIP	GREENWICH, CT				
TITLE	S/B	<input type="checkbox"/> Delete			
NAME	JOYOPRAYITNO, ELIZABETH				
STREET ADDRESS	6502 TOM KITE CIRCLE				
CITY-ST-ZIP	AUSTIN, TX 78746				
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					
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					
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: <u>Stella B. Thomas</u> 239 649-0211					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<u>Peter A. Thomas, President</u>					
K. Eskel JAN 08 2007					