


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02849 1. Entity Name ARTSFUSION, INC.					
Principal Place of Business 120 ADRIATIC AVENUE C/O ANNA BRENNEN TAMPA, FL 33606 US				Mailing Address 120 ADRIATIC AVENUE C/O ANNA BRENNEN TAMPA, FL 33606 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 59-2463940	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent SZABO, STEPHEN J III 100 N. TAMPA ST., STE. 2700 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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><i>Stephen J Szabo III</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10-9-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDST BRENNEN, ANNA <input type="checkbox"/> Delete STREET ADDRESS 120 ADRIATIC AVENUE CITY-ST-ZIP TAMPA, FL 33606		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081030031 10/19/06--01043--002 **\$1.25	
NAME	D		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	SZABO, STEPHEN J III		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	100 N. TAMPA ST., STE. 2700		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNA, KIM		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3925 WEST BAY VIEW AVE.		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 files empowered.					
SIGNATURE: <u><i>Anna Brennen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>10/10/06</u> <small>Daytime Phone #</small>		

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B. Mitchell OCT 19 2006