

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001747

FILED
Jan 04, 2006
Secretary of State

Entity Name: OUT OF THE BOX PRODUCTIONS, INC.

Current Principal Place of Business:

1451 MARAVILLA AVENUE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1451 MARAVILLA AVENUE
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 45-0506227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMORE, WENDE K
1451 MARAVILLA AVENUE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: WENDE K. GILMORE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GILMORE, MICHAEL P
Address: 1451 MARAVILLA AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: LABRIOLA, JIM
Address: 4308 SW 1ST PLACE
City-St-Zip: CAPR CORAL, FL 33914

Title: D () Delete
Name: DU BOIS, Nanci G
Address: 5549-2 MALTO DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: P () Delete
Name: GILMORE, WENDE K
Address: 1451 MARAVILLA AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: V () Delete
Name: FLANEGAN, KRISTEN
Address: 15700 BEACHCOMBER AVENUE
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: ROSE, PAUL A JR
Address: 2100 CHANDLER AVENUE
City-St-Zip: FORT MYERS, FL 339074124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. GILMORE

D

01/04/2006

Electronic Signature of Signing Officer or Director

Date