

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005153

FILED
Oct 22, 2004
Secretary of State**Entity Name:** SHASHANAYA PRODUCTIONS CORPORATION**Current Principal Place of Business:**1331 SW 88TH WAY
PEMBROKE PINES, FL 33025**New Principal Place of Business:****Current Mailing Address:**1331 SW 88TH WAY
PEMBROKE PINES, FL 33025**New Mailing Address:****FEI Number:** 02-0592737**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARNES, MICHAEL
1331 SW 88TH WAY
PEMBROKE PINES, FL 33025 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: BARNES, MICHAEL
Address: 1331 SW 88TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025**Title:** D () Delete
Name: BARNES, TREMAINE
Address: 1331 SW 88TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025**Title:** D () Delete
Name: PORTER, REGINA
Address: 1331 SW 88TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 BARNES

PD

10/22/2004

Electronic Signature of Signing Officer or Director

Date