2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010950

Entity Name: 1308 PRODUCTIONS, INC.

Oct 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16900 NE 19TH AVE 951 N.E. 167 STREET 204

NORTH MIAMI BEACH, FL 33162

NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

951 N.E. 167 STREET 16900 NE 19TH AVE

SUITE 204 NORTH MIAMI BEACH, FL 33162

NORTH MIAMI BEACH, FL 33162

FEI Number: 06-1720735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOVACK, PAUL D NOVACK, PAUL D 951 N.E. 167 STREET 16900 NE 19TH AVE

SUITE 204 NORTH MIAMI BEACH, FL 33162 US

NORTH MIAMI BEACH, FL 33162 US

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: PAUL NOVACK 10/17/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete (X) Change () Addition

NOVACK, PAUL NOVACK, PAUL Name: Name: 16900 NE 19TH AVE Address: 951 N.E. 167 STREET Address:

City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Delete Title: (X) Change () Addition NOVACK, DENISE Name: Name: NOVACK, DENISE

Address: 16900 NE 19TH AVE Address: 951 N.E. 167 STREET

NORTH MIAMI BEACH, FL 33162 City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DS () Delete Title: DS (X) Change () Addition NOVACK, MICKEY Name: NOVACK, MICKEY Name:

16900 NE 19TH AVE 951 N.E. 167 STREET Address: Address:

City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: PAUL NOVACK 10/17/2007