## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000004345

Entity Name: WESTON FESTIVAL PRODUCTIONS, INC.

FILED Feb 17, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1640 TOWN CENTER CIRCLE SUITE 216 2640 HACKNEY ROAD WESTON, FL 33326 WESTON, FL 33331

Current Mailing Address: New Mailing Address:

1640 TOWN CENTER CIRCLE SUITE 216 2640 HACKNEY ROAD WESTON, FL 33326 WESTON, FL 33331

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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:

WARSHAVER, MARK D

BURGESS, FRED M

1640 TOWN CENTER CIRCLE SUITE 216
WESTON, FL 33326 US
2685 EXECUTIVE PARK DRIVE
SUITE 5

WESTON, FL 33331 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: FREDERICK BURGESS 02/17/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 LAMBROS, GEORGE
 Name:
 LAMBROS, MICHELE

 Address:
 1719 MAIN STREET
 Address:
 2640 HACKNEY ROAD

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 WESTON, FL 33331

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LAMBROS, MICHELLE
 Name:

 Address:
 1719 MAIN STREET
 Address:

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$ 

 Name:
 WARSHAVER, MARK S
 Name:

 Address:
 1640 TOWN CENTER CIRCLE SUITE 216
 Address:

 City-St-Zip:
 WESTON, FL 33326
 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: MICHELLE LAMBROS D 02/17/2006