

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000008419

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** IMMORTAL FILMS, INC.

**Current Principal Place of Business:**

% BALES & BALES, P.A.  
4000 PONCE DE LEON BLVD, SUITE 470  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

% BALES & BALES, P.A.  
4000 PONCE DE LEON BLVD, SUITE 470  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 41-2183255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

BALES, MATT E ESQ.  
% BALES & BALES, P.A.  
4000 PONCE DE LEON BLVD, SUITE 470  
CORAL GABLES, FL 33146 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:** MATT BALES, JR.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D, P  
**Name:** GUINDI-BAZBAZ, IVONNE  
**Address:** 989 HARBOUR VIEW NORTH  
**City-St-Zip:** HOLLYWOOD, FL 33019

I hereby 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 all other like empowered.

**SIGNATURE:** INVONNE GUINDI BAZBAZ

D, P

01/15/2010

Electronic Signature of Signing Officer or Director

Date