2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000010376 1. Entity Name L.A.B. PRODUCTIONS, INC. 08 NOV 10 PM 12: 16 Principal Place of Business Mailing Address LURETAGRY OF STATE FALLAHASSEE, FLORIDA 1331 NW 88TH STREET 1331 NW 88TH STREET MIAMI, FL 33147-3218 MIAMI, FL 33147-3218 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11072008 REIN-NP CR2E099 (1/07) City & State City & State 4. FEI Number 56-2607770 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DUREN, ALTHEA** 1331 NW 88TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 3X0A'05-0000 33147-3218 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$61.25 Make check payable to in accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete MLE ☐ Change Z Addition Duren, Obie W. III DUREN, ALTHEA NAME NAME P.O. Box 470722 Mizmi, FL 332470722 PO BOX 470722 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 332470722 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DUREN, OBIE WIL NAME MANE **600137781586** 11/10/08--01027--018 **70.00 STREET ADDRESS PO BOX 470722 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 332470722 CITY-ST-ZIP IIILE Detete TITLE ☐ Change ☐ Addition **EUDOVIQUE, LYDIA** NAME NAME STREET ADDRESS 15455 NE 6TH AVE PAT 115C STREET ADDRESS COTY-ST-7/P MIAMI, FL 33162 CITY-ST-71P TIME ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered. alkerDur Althen Duren 786-553-8955 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davtime Phone