

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000005027

FILED
Feb 14, 2006
Secretary of State

Entity Name: JUST ENTERTAINMENT INC.

Current Principal Place of Business:

3620 NE 8TH PLACE
7 & 8
OCALA, FL 34470

New Principal Place of Business:

20 WEST SILVER SPRINGS BLVD
OCALA, FL 34475

Current Mailing Address:

3620 NE 8TH PLACE
7 & 8
OCALA, FL 34470

New Mailing Address:

3210 SE 22ND AVENUE
OCALA, FL 34471

FEI Number: 59-3469641 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:

ALICEA, AMY
1222 W.E. 9TH AVE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

ALICEA, AMY
3210 SE 22ND AVENUE
OCALA, FL 34471 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: AMY ALICEA

02/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: ALICEA, AMY
Address: 3210 SE 22 AVE
City-St-Zip: Ocala, FL 34471

Title: SD () Delete
Name: REGINALD, TRACY
Address: 3 HEMLOCK TERR TICK
City-St-Zip: Ocala, FL 34472

Title: ADT () Delete
Name: WARNER, DENISE
Address: 749 S.E. 30TH AVE
City-St-Zip: Ocala, FL 34471

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 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: AMY ALICEA

MD

02/14/2006

Electronic Signature of Signing Officer or Director

Date