2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000073943

Entity Name: GEAR HEAD PICTURES, INC.

FILED Sep 30, 2009 Secretary of State

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

1218 QUEEN PALM DR 2218 QUEEN PALM DR EDGEWATER, FL 32141 EDGEWATER, FL 32141

Current Mailing Address: New Mailing Address:

556 SOUTH FAIR OAKS AVE #497 235 E COLORADO BLVD 644

PASADENA, CA 91105 PASADENA, CA 91101

FEI Number: 59-3735545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCADAM, SUE MCADAM, SUE 2218 QUÉEN PALM DR 1218 QUEEN PALM DR US US EDGEWATER, FL 32141 EDGEWATER, FL 32141

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: SUE MCADAM 09/30/2009

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

MYRICK, DANIEL Name: Name: MYRICK, DANIEL Address: Address:

235 E COLORADO BLVD #644 556 SOUTH FAIR OAKS AVE #497 PASADENA, CA 91105

City-St-Zip: PASADENA, CA 91101 City-St-Zip:

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

Name: MYRICK, JULIA Name: MYRICK, JULIA

235 E COLORADO BLVD #644 Address: 556 SOUTH FAIR OAKS AVE #497 Address:

PASADENA, CA 91101 PASADENA, CA 91105 City-St-Zip: City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: JULIA MYRICK 09/30/2009