2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							_	, FILED			
DOCUMENT # P01000078902 .											
1. Entity Name STUDIO 6, INC.								05 MAR -4 PM 2: 36			
						1	7 1	CEPDETANY	Z OS STATE		
State Control								SECRETARY TALLAHASSI	EE ELVDIUY		
Principal Place of Business Mailing Address								TALLAHASSI	LL, I LUMDA	•	
6365 CONROY ROAD #2007 ORLANDO, FL 32835 G365 CONROY ROAD #2007											
ORLANDO, F	L 32835	·- ·	(
2. Principal Place of Business 3. Mailino Address											
2. Principal P	Place of Busin	iess	Mailing Address								
Sulta, Apt. #, etc.				Suite, Apt. #, etc.				82 W E	WENT	MIL	
							10202004	HEIMARA	· CHZEUSQ (QCO4)	Dase	
City & State				City & State			4. FEI Numb			oplied For ot Applicable	
Zip	Zip Country			Zip Co		ntry	1		¢9.75		
							5. Certificate	of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent							7. Name an	d Address of New Regi	istered Agent		
PADMANABHAN, GOKUL											
6365 CONROY ROAD #2007				· s		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
ONDANDO	ORLANDO, FL 32835							•			
						City			FL Zip Cod	le	
8 The shove	named entit	v submits this statement	for the r	nurnose of changing its	ragietar	nd office or regis	tored exect or be	oth in the State of Florid	<u></u>	and accept	
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.											
SIGNATURE CM - Pachelin 1920/04											
SIGNATURE Specific types or divised name of registored agent and little if applicable. (NOTE: Registured Agent signature required when relinstating) DATE!											
FILE NOWII! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the											
FILE NOWII FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00								corporation did not	t receive the prior	notice.	
10.		OFFICERS AN	Ď DIRĐ	CTORS	11.		ADDITIONS	/CHANGES TO OFFICE		\$ IN 11	
TITLE	PD Delete				TITL	·		UUU000188432 change			
NAME STREET ADDRESS	PADMANABHAN, GOKUL 6365 CONROY ROAD #2007				NAN	EET ADDRESS	01/24/05-80055-008 150.00				
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NAVAE Street address					NAM	_					
CITY+ST+2IP						ET ADDRESS - ST-ZIP					
12. I hereby o	certify that the	information supplied w	ith this f	iling does not qualify for			Section 119.07(3)	(i), Florida Statutes. I fur	rther certify that the la	nformation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if											
changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 10 20 04 321-945-2104 Dayline Phone 4										04	
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date											