2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 SEP -8 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000028902

1. Entity Name
JAZZY PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
2337 SW ARCHER ROAD APT. 501 GAINESVILLE, FL 32608	2337 SW ARCHER ROAD APT. 501 GAINESVILLE, FL 32608

08292005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
11771 Tortoise Way N.	11771 Tortoise Way N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville FL
Zip: 32218 Country: USA	Zip: 32218 Country: USA

4. FEI Number: 01-0646005 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITCHELL, NATALIE A 2337 SW ARCHER ROAD APT. 501 GAINESVILLE, FL 32608	Name: Natalie A. Mitchell Street Address (P.O. Box Number is Not Acceptable): 11771 Tortoise Way N. City: Jacksonville FL Zip Code: 32218

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: Natalie A. Mitchell 9/7/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MITCHELL, NATALIE A 2337 SW ARCHER ROAD APT. 501 GAINESVILLE, FL 32608	☐ Delete	NATALIE A. MITCHELL 11771 TORTOISE WAY N. JACKSONVILLE, FL 32218	☒ Change ☐ Addition P/S/T/C
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MITCHELL, NATALIE A 2337 SW ARCHER ROAD. APT. 501 GAINESVILLE, FL 32608	☐ Delete	NATALIE A. MITCHELL 11771 TORTOISE WAY N. JACKSONVILLE, FL 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400059462034 09/08/05--01060--002 **308.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☒ Change ☐ Addition

9/14

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: Natalie A. Mitchell 9/7/05 (904) 707-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #