2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000040013 FII ED 1. Entity Name KT PRODUCTIONS, INC. 04 NOV 12 PM 4: 16 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2641 ATLANTIC BLVD. 2641 ATLANTIC BLVD. SUITE 305 SUITE 305 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11082004 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 73-1639776 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTERSTATE DOCUMENT FILINGS INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE SUITE 200 TALLAHASSEE, FL 32301-2551 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required witen reinstating DATE FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE Delete TITLE ZIRPOLI, CINDY NAME NAME 2641 ATLANTIC BLVD., SUITE 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 SIGNING OFFICER OR DIRECTOR