

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000042458

Entity Name: FAM ENTERTAINMENT, INC.

FILED
Jun 19, 2006
Secretary of State

Current Principal Place of Business:

364 SW 62 BLVD SUITE 1
GAINESVILLE, FL 32607 US

New Principal Place of Business:

15 LOCHWIND LN
ORMOND BEACH, FL 32174 US

Current Mailing Address:

PO BOX 12751
GAINESVILLE, FL 32601 US

New Mailing Address:

15 LOCHWIND LN
ORMOND BEACH, FL 32174 US

FEI Number: 02-0583438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISCOMI, PAUL V
364 SW 62ND BLVD SUITE 1
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

VISCOMI, PAUL V
15 LOCHWIND LN
ORMOND BEACH, FL 32174 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: PAUL VISCOMI

06/19/2006

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:

Title: P () Delete
Name: VISCOMI, VINCENT P
Address: 364 SW 62 BLVD SUITE 1
City-St-Zip: GAINESVILLE, FL 32607

Title: V () Delete
Name: VISCOMI, PAUL V
Address: 364 SW 62 BLVD SUITE 1
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VISCOMI, PAUL V
Address: 15 LOCHWIND LN
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Change () Addition
Name: VISCOMI, VINCENT P
Address: 13387 NW 3RD TERR
City-St-Zip: MIAMI, FL 33182

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

SIGNATURE: PAUL VISCOMI

P

06/19/2006

Electronic Signature of Signing Officer or Director

Date