


# 2006 FOR PROFIT CORPORATION REINSTATEMENT.

<b>DOCUMENT # P02000056089</b> 1. Entity Name <b>REX STUDIOS USA, INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>06 MAY -5 PM 12: 28</b> <b>REINSTATEMENT 05-06</b>			
Principal Place of Business <b>9153 PHILLIPS GROVE TERRACE ORLANDO, FL 32836</b>				Mailing Address <b>9153 PHILLIPS GROVE TERRACE ORLANDO, FL 32836</b>					
2. Principal Place of Business		3. Mailing Address		05022006 REIN-P CR2E098 (11/05)					
Suite, Apt. #, etc. <b>6345 CARMEL LANE</b>		Suite, Apt. #, etc. <b>6345 CARMEL LANE</b>		4. FEI Number <b>55-0845705</b>					
City & State <b>Windermere FL</b>		City & State <b>Windermere FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
Zip <b>34786</b> Country <b>U.S.A</b>		Zip <b>34786</b> Country <b>U.S.A</b>		6. Name and Address of Current Registered Agent					
<b>LESLEY, CARTER 5770 W IRLO BRONSON MEMORIAL HWY SUITE 410 KISSIMMEE, FL 34746</b>				7. Name and Address of New Registered Agent					
Name				Street Address (P.O. Box Number is Not Acceptable)					
City				FL 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 <u><i>LM Carter</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>5/2/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				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	P CARTER, BRUCE EDWARD 9153 PHILLIPS GROVE TERRACE ORLANDO, FL 32836 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARTER, LESLEY MARY 9153 PHILIPS GROVE TERRACE ORLANDO, FL 32836 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700075039597 05/22/06--01074--014 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>LM Carter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>5/2/06</u> Daytime Phone # <u>407 876 6076</u>					