

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000058250 ✓

1. Entity Name
E & E MUSIC AND MEDIA PRODUCTIONS, INC.



FILED
05 DEC -8 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6880 ATLANTA STREET
HOLLYWOOD, FL 33024

Mailing Address
6880 ATLANTA STREET
HOLLYWOOD, FL 33024

2. Principal Place of Business
3501 NW 78th Ave
Suite, Apt. #, etc.

3. Mailing Address
3501 NW 78th Ave
Suite, Apt. #, etc.



11302005 REIN-P CR2E098 (6/04)

City & State
Hollywood FL
Zip 33024 Country USA

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Hollywood FL
Zip 33024 Country USA

4. FEI Number
32-0048900
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EBANKS, JOHN
7750 N.W. 73RD COURT
MIAMI, FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME EBANKS, NEIL A
STREET ADDRESS 6880 ATLANTA STREET
CITY-ST-ZIP HOLLYWOOD, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S/T
NAME EBANKS, NEIL A
STREET ADDRESS 3501 NW 78 Ave, Hollywood Fl. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300062016749
12/08/05--01042--002 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL EBANKS 11/30/05

Date

Daytime Phone #