



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000127763 1. Entity Name THE PAPARAZZI ZONE, INC.						<div style="text-align: center;"> FILED 04 DEC 27 AM 10:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="text-align: center;">  </div>			
Principal Place of Business 889 FLORIDA PARKWAY KISSIMMEE, FL 34743				Mailing Address 889 FLORIDA PARKWAY KISSIMMEE, FL 34743					
2. Principal Place of Business		3. Mailing Address		10222004		REIN-P		CR2E098 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 03-0503042		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PAREJA, SANDRA C 889 FLORIDA PARKWAY KISSIMMEE, FL 34743				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P <input type="checkbox"/> Delete PAREJA, SANDRA C 889 FLORIDA PARKWAY KISSIMMEE, FL 34743				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700043651967 12/27/04--01090--007 **150.00			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
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NAME					NAME				
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CITY-ST-ZIP					CITY-ST-ZIP				
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NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
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: <i>Sandra Pareja</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					12/23/04 (321) 677-0109 <small>Date Daytime Phone</small>				