2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000007786

1. Entity Name
DIZZY BANKS ENTERTAINMENT, INC.

FILED
04 NOV 23 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15941 NE 19 COURT #2 NORTH MIAMI BEACH, FL 33162	15941 NE 19 COURT #2 NORTH MIAMI BEACH, FL 33162

10262004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
13025 NW 21st AVE	13025 NW 21st AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33167 Country: United States	Zip: 33167 Country: United States

4. FEI Number: 651161890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANKS, JONATHAN
15941 NE 19 COURT #2
NORTH MIAMI BEACH, FL 33162

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: Jonathan Banks 11/16/04
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, JONATHAN 15941 NE 19 COURT #2 NORTH MIAMI BEACH, FL 33162	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Banks, Jonathan 13025 NW 21st AVE Miami, FL 33167	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANK, JOHN 15941 NE 19 COURT #2 NORTH MIAMI BEACH, FL 33162	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pandy, John 13025 NW 21st AVE Miami, FL 33167	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042963837 11/23/04--01058--001 **158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/30	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: Jonathan Banks 11/16/04 786-251-7528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #