

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000014835

FILED
Oct 04, 2004
Secretary of State

Entity Name: LITEME PRODUCTIONS, INC.

Current Principal Place of Business:

3956 SHADOWIND WAY
GOTHA, FL 34734

New Principal Place of Business:

PO BOX 636
GOTHA, FL 34734

Current Mailing Address:

3956 SHADOWIND WAY
GOTHA, FL 34734

New Mailing Address:

PO BOX 636
GOTHA, FL 34734

FEI Number: 02-0674698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONTALVO, LUIS J
3956 SHADOWIND WAY
GOTHA, FL 34734 US

Name and Address of New Registered Agent:

MONTALVO, LUIS J
PO BOX 636
GOTHA, FL 34734 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: LUIS J. MONTALVO

10/04/2004

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: PD () Delete
Name: MONTALVO, LUIS J
Address: 3956 SHADOWIND WAY
City-St-Zip: GOTHA, FL 34734

Title: VD () Delete
Name: MONTALVO, GILDREN
Address: 3956 SHADOWIND WAY
City-St-Zip: GOTHA, FL 34734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONTALVO, LUIS J
Address: PO BOX 636
City-St-Zip: GOTHA, FL 34734

Title: VD (X) Change () Addition
Name: MONTALVO, GILDREN
Address: PO BOX 636
City-St-Zip: GOTHA, FL 34734

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS J. MONTALVO

PD

10/04/2004

Electronic Signature of Signing Officer or Director

Date