2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000040503

City-St-Zip:

OSPREY, FL 342299645

FILED Sep 25, 2007 Secretary of State

Entity Name: SEABASS ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 46 SHORELAND DR. OSPREY, FL 342299645 **Current Mailing Address: New Mailing Address:** 46 SHORELAND DR OSPREY, FL 342299645 FEI Number: 43-2035728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANGDON, ALLEN E PH.D CHRISTOPHER, TOMINELLI R PRES 5059 INDIAN MOUND STREET 46 SHORELANÓ DR SARASOTA, FL 342322661 US OSPREY, FL 34229 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: CHRIS TOMINELLI 09/25/2007 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete () Change () Addition TOMINELLI, CHRISTOPHER R Name: Name: 46 SHORELAND DR. Address: Address: City-St-Zip: OSPREY, FL 342299645 City-St-Zip: Title: DVP Title: () Change () Addition () Delete Name: BROGAN, MATTHEW J Name: 46 SHORELAND DR. Address: Address: OSPREY, FL 342299645 City-St-Zip: City-St-Zip: Title: Title: DVP () Delete () Change () Addition HUGHES, JOHNATHAN R Name: Name: 46 SHORELAND DR. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: CHRIS TOMINELLI **PRES** 09/25/2007