2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 10, 2004
Secretary of State

DOCUMENT# P03000066692

Entity Name: GIMME 4 PRODUCTIONS, INC.

Current Principal Place of Business:

2540 NE 11TH TERR
POMPANO BEACH, FL 33064

New Principal Place of Business:

3224 NW 47TH AVE
COCONUT CREEK, FL 33063

Current Mailing Address:

2540 NE 11TH TERR
POMPANO BEACH, FL 33064

New Mailing Address:

3224 NW 47TH AVE
COCONUT CREEK, FL 33063

FEI Number: 55-0834992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REZENDE, MARCOS A
822 SE 9TH ST - PALM PLAZA
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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: _____

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: D ( ) Delete
Name: FONSECA, ERLAINE M
Address: 2540 NE 11TH TERR
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: DIAS, ROSIMERI C
Address: 2540 NE 11TH TERR
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FONSECA, ERLAINE M
Address: 3224 NW 47TH AVE
City-St-Zip: COCONUT CREEK, FL 33063

Title: VPD (X) Change ( ) Addition
Name: DIAS, ROSIMERI C
Address: 3224 NW 47TH AVE
City-St-Zip: COCONUT CREEK, FL 33063

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: ERLAINE M FONSECA PD 11/10/2004

Electronic Signature of Signing Officer or Director Date