

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000094035

FILED
Oct 17, 2004
Secretary of State

Entity Name: STARCROSSED PRODUCTIONS, INC.

Current Principal Place of Business:

4229 NW 43RD STREET J-80
GAINESVILLE, FL 32606

New Principal Place of Business:

4229 NW 43RD STREET
J-80
GAINESVILLE, FL 32606

Current Mailing Address:

4229 NW 43RD STREET J-80
GAINESVILLE, FL 32606

New Mailing Address:

4229 NW 43RD STREET
J-80
GAINESVILLE, FL 32606

FEI Number: 20-0332566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, KATHY
4229 NW 43RD STREET J-80
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

SMITH, KATHY L
4229 NW 43RD STREET
J-80
GAINESVILLE, FL 32606 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: KATHY L. SMITH

10/17/2004

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: PSTD () Delete
Name: SMITH, KATHY
Address: 4229 NW 43RD STREET J-80
City-St-Zip: GAINESVILLE, FL 32606

Title: VD (X) Delete
Name: BAROT, LENORA R
Address: 4229 NW 43RD STREET J-80
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHY L. SMITH

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10/17/2004

Electronic Signature of Signing Officer or Director

Date