


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 18, 2005 8:00 am
Secretary of State

DOCUMENT # P03000098828 1. Entity Name JANNUS PRODUCTIONS INC.					
Principal Place of Business 220 1ST AVE NORTH ST. PETERSBURG, FL 33701			Mailing Address 220 1ST AVE NORTH ST. PETERSBURG, FL 33701		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BODZIAK, JOHN C 215 NKINA STREET NE ST. PETERSBURG, FL 33704				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 83-0392633	
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BODZIAK, JOHN C 215 NINA STEET NE ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5/6/04 90168 015 \$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600055568026 06/01/05--01013--016 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

REINSTATEMENT 04-05
 Applied For
 Not Applicable

2/2
Jannus Productions Inc.,
220 1st Ave. North
St. Petersburg, FL 33701
Tel # 727-896-2276
Fax # 727-896-8096

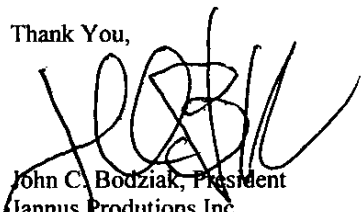
Jannus Productions Inc.

May 13, 2005

Florida Department of State,

This is a request to waive reinstatement fees for this corporation due to the fact we never received a notice from your office to let us know that our 2004 annual report never went thru. We are enclosing a reinstatement form and \$150.00 for our 2005 annual report.

Thank You,



John C. Bodziak, President
Jannus Productions Inc.
(727) 896-2216

(727) 409-5225

.....